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ABSTRACT

This is the teacher's manual for the listening comprehension portion of a course in English as a second language for adult nursing aide students. Eleven units cover basic nursing skills. Each unit consists of combinations of stories, lectures, and dictations read by the teacher, often with visual aids. There are "practice listening" sessions and sets of verbal directions to which the student must make the correct response. Finally, various classroom games are included in several of the units. The topics covered include: (1) introducing "Pilikia Nui Hospital," (2) doctors and departments at the hospital, (3) duties of nursing aides, (4) first day in the hospital, (5) human anatomy, (6) asepsis, (7) abbreviations and measurements, (8) hospital emergencies, (9) colors in the hospital, (10) subjective symptoms, and (11) facing death. (JB)

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ENGLISH FOR SPECIAL PURPOSES SERIES

NURSING AIDE

TEACHER'S MANUAL

FOR

HEARSAY

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EDUCATION

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Produced at Honolulu Community College
1977

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TO THE TEACHER

PURPOSE

The general purpose of the listening materials is to help students of "nursing aide" English develop their listening skills. Specifically, the materials focus on two areas. One area is in understanding verbal orders and requests. The other area is in learning to listen to classroom lectures--learning to understand, to hear the essential elements and disregard the non-essential elements, to listen for the important points and to take notes and write outlines.

The first three units of the text have short, classroom lectures. The rest of the lectures are video tape lectures given by June House, a licensed practical nurse. One short lecture in Unit IX is given by Mel Inouye. The topics have to do with typical nursing aide matters that the students would study in nursing aide training. The purpose of the video tape technique is to expose the students orally and visually to a natural lecture situation and yet have a controlled situation in which the tapes can be replayed as often as desired and in which the language will be the same each time.

This series of video tapes is available at the Instructional Resource Center at Honolulu Community College.

The nursing aide Hearsay text is coordinated with the nursing aide speaking and reading texts (Speakeasy and Reading Right). However, the Hearsay text, especially the lectures, can be used independently of the other two texts.

ASSUMPTIONS

We have made three basic assumptions about the students who will use this text. First, they are adult, non-native learners of English. Second, they are literate; that is, they can read and write in their own languages. Third, the students have some experience speaking, reading and writing the English language, probably in schools in their own countries. The text is not intended for students who are illiterate or for those who have no experience with the English language.

TRANSLATIONS

There are translation manuals in Ilocano, Tagalog, Korean and Vietnamese to accompany the Hearsay text. You should encourage your students to use their translation manuals. The manuals contain translations of the Unit and Lecture Previews and of the Vocabulary lists accompanying these previews. It is important for the students to use their translation manuals so they will be familiar with the general theme and vocabulary of each lecture before they hear the lecture for the first time.

Some other parts of the Hearsay text are translated and each of these parts is marked (Tr) and numbered by unit.

ORGANIZATION OF THE TEXT

The Hearsay Teacher's Manual contains all the material that is in the Hearsay student text. In addition, it contains lecture summaries, short stories and dictation material. It also provides some tips on how to use the Hearsay materials.

Generally, the Hearsay materials are of five types.

1. There are lectures and stories which the class listens to.

2. There are verbal directions of the type the students will hear at work and in the classroom.

3. There are "Practice Listening" exercises which introduce new patterns for students to learn to hear and understand.

4. There are a few listening assignments for the students to do outside the class.

5. There are quizzes and games designed to reinforce student learning and to act as check-ups for the students so they can tell how well they are listening.

These types of activities are given in the manual and text in the order given above, but you should use them in the arrangement you think best. For example, some teachers might prefer to begin each class session with verbal directions as a warm-up.

Following are some suggested procedures.

LECTURE PROCEDURES

The first three units contain short stories and lectures which are to be read to the class. These materials are much shorter and easier than the video lectures which are in the other units. They are designed as a type of warm-up so the students can begin to get used to listening to lecture-style speech. All classroom lectures and stories should be spoken in a natural way--at normal speed, with pauses at natural junctures.

The video tape lectures begin in Unit IV. The purpose of the video tapes is to help the students listen to classroom lectures like those they might hear in nursing aide training. No attempt was made to control the language in the lectures. We want the students to have practice listening to lectures so they can begin to pick out important points as they listen.

Because the language used in the lectures is usually syntactically very complex, we have, in some cases, divided what was a rather long lecture into parts of approximately three to fifteen

minutes long. Further, the crosshatch (#) to the left in the lecture summaries and outlines indicates where the tape can be stopped and replayed, thus dividing the lecture into even shorter parts.

If you do not have access to video playback facilities, use the lecture summaries included in this manual with each unit to prepare a lecture for your class. It is best to have another native English speaker besides yourself give the lectures. Your students will become accustomed to your voice, and they need practice hearing other voices besides yours.

The lecture should be given at a normal speed. As you deliver the lecture, write on the chalkboard the words which appear in full caps in the summary. Use the follow-up quizzes and games, adapting them to your lecture if need be.

The following procedure is suggested for using the video lectures. These procedures can be used whether the class watches the video tapes or listens to you or someone else deliver the lecture. These procedures can also be used with the short non-video lectures in the first three units.

1. Assign the preview and vocabulary list and their translations for the students to read before they listen to the lecture. It's best to give this assignment the day before the students are to see the tape. Read the lecture preview to the class in English also.

2. After the students have had time to study the vocabulary translations (preferably overnight), give vocabulary dictation in class. Choose your vocabulary dictation list from the vocabulary list which is in each unit. Select those vocabulary items which the students will need for filling in the outline or for writing an outline of the lecture.

3. Let the students listen to the lecture the first time without notes.

4. To focus the students' attention on important information in the lecture, ask the students to listen for specific points. Use the list of questions in the preview of each lecture. Give the questions orally. The next time the students listen to the lecture they are to try to listen for the answers to your questions. You might want to assign questions to small groups and ask each group to listen for the answer to the question they have.

5. Let the students listen to the lecture a second time. They should try to listen for the answers to the questions you have given them. (See #4 above.)

6. Let the students listen to the lecture a third time. This time they should write an outline or fill in the outline in their text. One purpose of the outline is to help the students listen

for the important points in the lecture. Another purpose is to help the students develop or improve note-taking skills. Encourage them to use abbreviations and short forms and leave out non-essential words.

7. Listen a final time to check outlines. Make sure all the students have a correct outline. Discuss the important points of the lecture.

8. Do quizzes for the lecture.

Some advanced students may not need to listen to the lecture more than twice. Of course, adapt your procedure to the needs of your students.

NON-LECTURE PROCEDURES

Dictation. Only two dictation exercises are given in the manual. If you feel that the students need more practice listening and writing from dictation, write more paragraphs according to the needs of the class.

Dictation should be read at normal speed, with pauses at phrase and sentence boundaries to allow students time to write.

All work should be carefully checked afterward for hearing mistakes, such as writing wrong words, leaving out prepositions or other words, leaving off final s's, writing out contractions instead of writing them the way they are spoken. Spelling and punctuation should be corrected for the student's own information, but these non-hearing errors should not count as mistakes in listening ability.

Verbal Directions. The purpose of the verbal directions is for the students to learn to understand clearly and respond quickly to verbal directions in the classroom and on the job. Students should always close their books while listening to directions. Sometimes it is necessary initially to give graphic illustrations of the directions so that the students will understand the meaning clearly, but always be sure that after understanding the meaning, all the students are able to respond well without any visual clues.

Time should be spent on these directions each time the class meets. After new directions have been introduced and used in the classroom, they should be used again and again so that the students can respond readily. A rapid five-minute review drill at the beginning or end of class can be stimulating for the students. Don't let it go on too long, though. Always stop before people start to get bored.

These directions should be used with the Speakeasy text even if you do not use the lecture sections in Hearsay.

Practice Listening. This section is to introduce new grammatical patterns for aural understanding. Students' oral response to questions may be minimal. Use these exercises only enough to be sure all the students can understand easily.

Listening Assignment. In Units VII-XI there are assignments for the students to call certain numbers to listen to recorded messages. This is to give them practice in listening without visual assistance.

Games. The games are for the purpose of reinforcing what the students learn in other sections of the Hearsay text and for the students to be able to check up on how well they are doing. In reading directions or statements that are part of the game, you should be careful to keep the stress even and consistent throughout and not to change inflection of voice.

The format for the matching games was inspired by Jane Morley's Space Puzzles in her Improving Aural Comprehension --Student's Workbook (Ann Arbor: The University of Michigan Press, 1972).

We hope you will find these materials helpful in your classroom. We encourage you to change or adapt them to fit the needs of your students.

M.C.
K.E.H.

Honolulu, Hawaii
September 1977

UNIT I

INTRODUCING PILIKIA KUI

UNIT PREVIEW

In this first unit, you will be introduced to the different activities you will do in the Hearsay lessons. These activities are described in the section, To the Student, at the beginning of the Hearsay text.

There is a short story which your teacher will read to you. Listen to the story. Then listen to the questions the teacher asks about the story, and mark the right answers.

The lecture in this unit is about the hospital in Tamarind City. When you listen to the lecture, listen for these main points.

1. What is the name of the hospital in Tamarind City?
2. The lecture tells you three things about the hospital. What are they?
3. What is tomorrow's lecture about?

There is a dictation paragraph for you to write while your teacher dictates.

The Verbal Directions in this unit introduce the verbs give to, take to, bring to and get from. And you will learn open, close, turn the page, and pass the papers.

When English speakers give verbal directions or orders, they do not usually use the second person. That is, a person will say, "Give me the book" or "Mr. A, take this book to Mrs. C." It is not usually polite to say, "You give me the book" or "Mr. A, you take this book to Mrs. C." The comma (,) after "Mr. A" means a pause; it means you are addressing Mr. A. People use the second person if they are telling several different people to do different things: "A, you take the book to C; B, you close the windows; and D, you open the door."

In the Practice Listening section you will learn the names of some clothes: shirt, blouse, dress, sweater, jacket, muumuu, pants, shoes, socks and stockings, and you will learn to understand and answer "Do you have a sweater?"

There is a Matching Game in which you will listen to the teacher give directions and you will write the right word in the right place.

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VOCABULARY

STORY	LECTURE	DICTATION
works at	going to	housewife
hospital	tell you about	stay at home
5th floor	talk about	most of
in the daytime	very large	son
nurse	help	daughter
too	many people	apartment
at night	island	typist
	tomorrow	all day
	doctor	on their jobs

VOCABULARY DICTATION

STORY

Mary Higa is a nursing aide. She works at Kapiolani Hospital. She works on the 5th floor. She works in the daytime. Jane Souza is a nurse. She works at Kapiolani Hospital, too. She works at night.

QUIZ (The students have the answers only.)

1. What is Mary Higa?
   a. She's a doctor.
   x b. She's a nursing aide.
   c. She's a nurse.

2. Where does she work?
   a. She works at Kaiser Hosp.
   b. She works in the daytime.
   x c. She works at Kapiolani Hosp.

3. What floor does she work on?
   x a. She works on the 5th floor.
   b. She works on the 1st floor.
   c. She works on the 6th floor.

4. What is Jane Souza?
   a. She's a doctor.
   b. She's a nursing aide.
   x c. She's a nurse.

5. When does Jane Souza work?
   a. She works at Kapiolani Hosp.
   x b. She works at night.
   c. She works in the daytime.

(Quiz instructions to the student, Tr1)

LECTURE Pilikia Nui Hospital

Today I'm going to tell you about the hospital in Tamarind City. The name of the hospital we're going to talk about is Pilikia Nui Hospital.

Pilikia Nui Hospital is a very large hospital. It helps many people on the island of Mahimahi. Pilikia Nui Hospital is on Tamarind Boulevard in Tamarind City.

Tomorrow I'll tell you about the doctors at Pilikia Nui Hospital.

MAIN POINTS

1. What is the lecture about?
2. What is the name of the hospital in Tamarind City?
3. Tell three things about Pilikia Nui Hospital.
4. What is tomorrow's lecture about?

OUTLINE

Students write an outline while listening again to the lecture.

DISCUSSION

LECTURE QUIZ

The students have only the answer choices. Do not read the items after a., b., etc.

1. The lecture is about

   a. doctors at Pilikia Nui.
   b. Mahimahi Hospital.
   c. Tamarind Hospital.
   d. the hospital in Honolulu.
   x e. the hospital in Tamarind City.

2. Pilikia Nui Hospital is in

   a. Ahi City.
   x b. Tamarind City.
   c. Honolulu.
   d. Pilikia Nui.

3. Pilikia Nui is

a. not so large.
b. large.
x c. very large.

4. Pilikia Nui helps

x a. people on Mahimahi.
b. people on Oahu.
c. doctors at Pilikia Nui.
d. the hospital in Tamarind City.

5. The hospital in Tamarind City is

a. in Pilikia Nui.
x b. on Tamarind Boulevard.
c. on Banyan Tree Street.
d. on Nene Street.

6. Tomorrow, the lecture will be about

a. people on Mahimahi.
x b. doctors at Pilikia Nui.
c. hospitals in Tamarind City.

7. Is Pilikia Nui Hospital the only hospital in Tamarind City?

8. Who does Pilikia Nui Hospital help?

DICTATION

Read each sentence at normal speed. Repeat the sentence, if necessary. After finishing the paragraph, read through again for students to check their work.

Mrs. Chong lives at 1056 Tail Road. She's a housewife and stays at home most of the day. She has a son and two daughters. Her daughters live in an apartment on Nene Street. One daughter is a nursing aide and one is a typist. Mrs. Chong's daughters work all day on their jobs.

(If necessary, write "Tail Road" and "Nene Street" on the blackboard before giving the dictation.)

VERBAL DIRECTIONS

Students close their books and notebooks. Students should learn to respond quickly and correctly. The vocabulary here is not translated. (Tr2)

Vocabulary

give	to	me	pen
take	to	her	pencil
bring	to	him	book
		them	notebook
get	from		dictionary
			bag
			paper
			chalk

Practice each pattern as much as is needed before going to the next pattern.

Mrs. A, give the pencil to me. Thank you.

Mr. B, give the pencil to Miss C.

Miss C, give it to Mrs. D.

Mrs. A, give the pencil to Mr. B. Give it to him.

Give the pencil to Mrs. D. Give it to her.

Give the paper to Miss C and Mrs. D. Give it to them.

A, take the book to B. (across the room)

B, bring the book to me.

C, take it to her/him.

D, bring the book to E. (near the teacher)

E, take it back to D.

(Give graphic clarification of take and bring, if needed.)

Bring the paper here. Take the paper there.

The bag is here. Take it there.

The bag is there. Bring it here, please.

(Students should be able to respond by voice direction only, without the teacher indicating the object or goal with eyes or gesture.)

Turn your back to the students and give the same directions.

Verbal Directions, p.2

A, get the pen. Take it to B.

C, get the pen. Bring it here.

Get the pen and bring it here.

Now get the pencil and bring it here.

Get the pen and the pencil and take them to D.

Mr. A, get the pen from Mrs. B. Give it to Miss C.

A, get the pen from B and give it to C.

D, get the pen from C and take it to B.

Turn your back to the students and give the same directions.

Use these directions regularly in class:

Open the door.
Open the window.
Open your books.
Open your notebooks.

Close the door.
Close the window.
Close your books.
Close your books and notebooks.

Open your books to page __.
Turn to page __.
Turn the page (over).

Pass these papers around.
Take one and pass them on.
Give one to each student.

(In time, students should be able to respond to these directions without hesitation and without indication by gesture on the part of the teacher.)

PRACTICE LISTENING DO YOU HAVE ___?

Students close their books and notebooks.

Vocabulary shirt, blouse, dress, muumuu, sweater, jacket

A, do you have a pen? (Yes. / No.)

B, do you have a pencil?
C, do you have a notebook?
D, do you have a bag?
E, do you have a sweater?
F, do you have a jacket?

Vocabulary pants, shoes, socks, stockings

A, do you have paper? (Yes. / No.)

B, do you have chalk?
C, do you have shoes?
D, do you have stockings?

Does she have a pen? (Yes. / No.)

Does she have a sweater?
Does he have a bag?
Does she have a dictionary?

Does she have stockings?
Does he have shoes?
Does she have chalk?

"GIVE AND TAKE" MATCHING GAME

Read the directions below. The students write the correct object in the correct space.

EXAMPLE:

1. Ms. T. give the dictionary to Mr. D.

The students write dictionary in the Ms.T - Mr.D space.

After giving the example, make sure every student writes dictionary in the correct space. (Check 2-11 at the end of the game.)

Ms. Mr.	P	D	P	T	V
B	blouse		book		
V		pencil			ntbk
P	pen			shoes	shirt
T		skirt		bag	socks
V	jacket	sweat.	paper		

Objects

pen	dictionary	shirt	jacket
pencil	bag	blouse	pants
notebook	paper	dress	shoes
book	chalk	muumuu	socks
		sweater	stockings

2. Ms. B. give the notebook to Mr. V.
3. Ms. P. give the pen to Mr. P.
4. Ms. V. give the sweater to Mr. D.
5. Ms. T. give the bag to Mr. T.
6. Mr. B. give the book to Mr. P.
7. Ms. P. take the shoes to Mr. T.
8. Ms. B. take the blouse to Mr. B.
9. Mr. D. take the pencil to Mr. D.
10. Ms. V. bring the jacket to Mr. B.
11. Ms. V. bring the paper to Mr. P.
12. Ms. P. take the shirt to Mr. V.
13. Ms. T. give the socks to Mr. V.

(Be sure to use the same stress and intonation in each direction.)

Draw the same chart on the blackboard. Ask individual students, "Who has the dictionary?" and have the student write dictionary in the correct space on the blackboard. Students can check their papers against the blackboard. (Instructions to students, Tr3)

UNIT II

IS THERE A DOCTOR IN THE HOUSE?

UNIT PREVIEW

In this unit you will listen to a story and questions about the story. And you will listen to two lectures.

The first lecture is about doctors at Pilikia Nui Hospital. Listen for these main points.

1. Are there many doctors at Pilikia Nui Hospital?
2. When do they come to the hospital?
3. What do they do in the hospital?
4. Name three of the special wards at Pilikia Nui.
5. What will the lecture be about next time?

The second lecture is about some of the special wards at Pilikia Nui Hospital. Listen for these main points:

1. What are special wards?
2. Does Pilikia Nui have many special wards?
3. Name four of the wards at Pilikia Nui.
4. What does the Medical Ward do?
5. What does the Surgical Ward do?
6. What does the Pediatrics Ward do?
7. What does the Maternity Ward do?
8. What will the next lecture be about?

In the Verbal Directions section, you will review directions using give, take, bring, and get. You will learn to understand both "Give the pencil to me" and "Give me the pencil." And you will learn that get is very different from give.

In Practice Listening you will learn some adjectives for people: tall, short, fat, thin, old and young.

You will play two games about time. In the first one, you will listen to your teacher give a time and you will draw the correct time in the clock. The second game is Time Bingo.

VOCABULARY

STORY

bank
band - group that plays
music instruments
community college
walk to school
but
ride the bus
work (N)

LECTURE 1

large staff
come
every day
very busy
ward
special ward
surgery
Pediatrics
Maternity
for example
next time

LECTURE 2

department
departments which
take care of
problems
some of
Medical Ward
general
Surgical Ward - Surgery
operations
children
women
baby, babies
women having babies
will
things that nursing aides do -
nursing aide jobs

VOCABULARY DICTATION

STORY

Carolyn Fukuda lives in an apartment on Makai Drive. Her address is 1321 Makai Drive, Apartment No. 965. She works in the Tamarind City Bank. At night she studies in Tamarind Community College. Tamarind Community College is at 1235 Nene Street. Carolyn walks to school but she rides the bus to work.

QUIZ

1. Where does Carolyn Fukuda live?
a. In Tamarind City Bank.
x b. On Makai Drive.
c. In Tamarind Community College.
d. At 1235 Nene Street.

2. What's her apartment number?
a. 965.
b. 566.
c. 955.
d. 959.
x e. 965.
f. 969.

Story Quiz continued

3. Where does Carolyn work?
   a. In the school.
   b. In Tamarind Community College.
   c. In Tamarind City Band.
   x d. In Tamarind City Bank.

4. Where does she ride the bus?
   x a. To work.
   b. At night.
   c. In the morning.
   d. To school.

5. Where's Tamarind Community College?
   a. In Tamarind City Bank.
   b. On Makai Drive.
   c. In Tamarind Community College.
   x d. At 1235 Nene Street.

LECTURE 1 Doctors at Pilikia Nui Hospital

Today I'm going to talk about the many doctors at Pilikia Nui Hospital. Pilikia Nui has a large staff of doctors. The doctors come to the hospital every day. They are very busy every day. The doctors at Pilikia Nui work in special wards, such as Surgery, Pediatrics and Maternity, for example.

Next time, I'll tell you about these wards.

MAIN POINTS

1. Are there many doctors at Pilikia Nui Hospital?
2. When do they come to the hospital?
3. What do they do in the hospital?
4. Name three of the special wards at Pilikia Nui.
5. What will the lecture be about next time?

OUTLINE Students write an outline while listening to the lecture.

DISCUSSION

LECTURE 1 QUIZ

1. The lecture is about
   a. Pilikia Nui Hospital.
   x b. the doctors at Pilikia Nui.
   c. the special wards at Pilikia Nui.

2. Pilikia Nui's staff of doctors is
   a. not so large.
   x b. large.
   c. in Surgery.

Lecture 1 Quiz continued

3. Pilikia Nui's doctors come to the hospital
   a. in special wards.
   b. for example.
   x c. every day.

4. The Pilikia Nui doctors work
   a. for example.
   b. in one special ward.
   x c. in special wards.

5. Next time, the lecture will be about
   x a. the special wards at Pilikia Nui.
   b. the doctors at Pilikia Nui.
   c. the Maternity Ward.

Students read the following questions and write the answers.

6. Are there many doctors at Pilikia Nui Hospital?

7. When do the doctors come to the hospital?

8. Are Surgery, Pediatrics and Maternity the only special wards in Pilikia Nui?

9. Are you going to learn more about these wards?

10. Why do you think the doctors are very busy every day?

(Tr1)

LECTURE 3 Pilikia Nui Hospital Special Wards

I'm going to tell you about the special wards at Pilikia Nui Hospital. Special wards are departments in the hospital which take care of special problems. Pilikia Nui has many special wards. Here are some of the wards in Pilikia Nui:

The Medical Ward takes care of general problems.

The Surgical Ward takes care of operations.

The Pediatrics Ward takes care of children.

The Maternity Ward takes care of women having babies.

The next lecture will be about some of the things that nursing aids do in the hospital.

MAIN POINTS

1. What are special wards?
2. Does Pilikia Nui have many special wards?
3. Name four of the wards at Pilikia Nui.
4. What does the Medical Ward do?
5. What does the Surgical Ward do?
6. What does the Pediatrics Ward do?
7. What does the Maternity Ward do?
8. What will the next lecture be about?

Lecture 2 continued

OUTLINE Students write an outline while listening to the lecture.

DISCUSSION

LECTURE 2 QUIZ

1. The lecture is about
   a. Pilikia Nui Hospital.
   b. the Medical Ward at Pilikia Nui.
   x c. special wards at Pilikia Nui.

2. The Medical Ward takes care of
   a. children.
   b. operations.
   c. women having babies.
   x d. general problems.
   e. departments.

3. The Pediatrics Ward takes care of
   x a. children.
   b. operations.
   c. women having babies.
   d. general problems.
   e. departments.

4. What does the Surgical Ward do?
   a. It takes care of children.
   x b. It takes care of operations.
   c. It takes care of women having babies.
   d. It takes care of general problems.
   e. It takes care of departments.

5. Special wards take care of
   a. operations.
   b. general problems.
   x c. special problems.
   d. departments.

6. The next lecture is about
   a. doctors at Pilikia Nui.
   b. special wards at Pilikia Nui.
   c. departments.
   x d. nursing aides.

Students read the following questions and answer them.

7. Mark the words which mean the same as some in "Here are some of the wards in Pilikia Nui." (Tr2)
   x a. a few b. many x c. examples d. all e. most

Write the answer to the following questions.
8. Are there only four special wards at Pilikia Nui?
9. How many special wards are there at Pilikia Nui?
10. What wards does the lecture tell about?
11. Which of these wards would you like to work in?
(Tr3)

VERBAL DIRECTION

Review of give, take, bring, get.

These should go quickly. Each student should be able to do each of the following directions correctly and without hesitation. Do not indicate the objects or goals with your eyes or with gestures. (Students close their books.)

A. Give the dictionary to H.
B. Take the book to G. (across the room)
C. Bring the pen to J. (near the teacher)
D. Get the notebook and bring it here.
E. Get the book and take it to K.
F. Get the pencil from L.

A. Give the pencil to me. Give me the pencil.

B. Give the pencil to C. Give C the pencil.

C. Give it to D.

Do not say: Give D it.

Practice until students understand "Give ___ the pencil" as being the same as "Give the pencil to ___".

A. Take F the bag. (across the room)
B. Take C the bag.

C. Bring J the bag. (near the teacher)
D. Bring me the bag.

A. Get the pen from B.
A. Get the pen from B for me.
A. Get the pen for me.
A. Get me the pen.

Do not say: Get me the pen from B.

C. Get the book for G.
C. Get J the book.

Do not say: Get the book to G.
Get the pen to me.

Remember to use:

Open the door / the window / your books.
Close the door / the window / your books.
Open your books to page __. Turn to page __.
Pass these out. ...

Have the students study the following page.

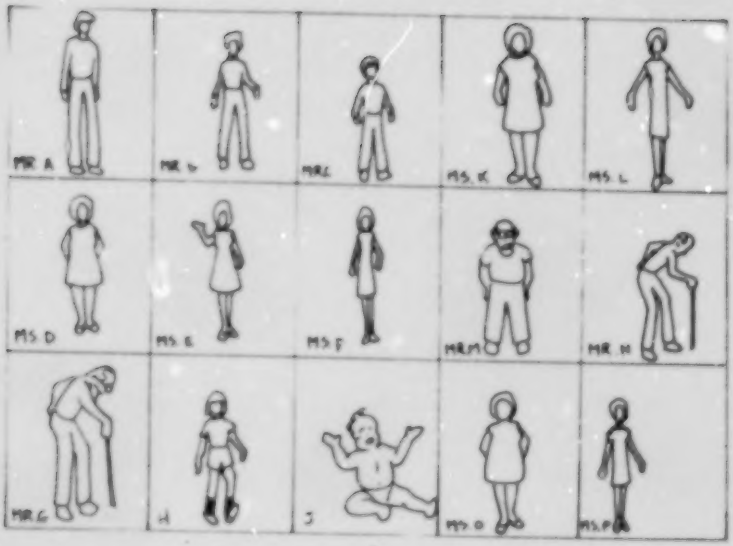
Verbal Directions continued

Open your books. Study these sentences.

Give		the book	to me. to her. to him. to them. to us. to A.
Give		it	to me. to her. ...
Give	me her ...	the book.	
NOT: Give	me her ...	it.	
Give		the book back	to me.
Give	me back	the book.	
Bring		the book	to me. to her. ... (near the speaker)
Bring		it	to me. ...
Bring	me ...	the book.	
Take		the book	to her. (across the room) to him. to them. to A.
Take		it	to her. (across the room) ...
Take	her ...	the book.	
NOT: Take		the book	to me. to us.
Take	me us	the book.	
Get		the book	from her for me.
Get Give		the book it	from her and to me.
Get	me	the book.	
NOT: Get	me	the book	from her.

II 15

Adjectives for People



Mr. A is tall. Mr. C is short. Mr. B is inbetween.
Ms. G is fat. Mr. F is thin. Ms. E is inbetween.
Mr. I is old. H is young. J is very young.

Ms. K is tall and fat. Mr. L is tall and thin.
Mr. N is old and fat. Mr. M is old and thin.
Ms. O is short and fat. Ms. P is short and thin.

Is Mr. A tall? (Yes.)

Is Mr. C tall? (No.)

This chart will also be used in Units III (Is Mr. A tall or short?) and IV (Mr. A is taller than Mr. B.)

"MAKING TIME" GAME

Say the following times, or any others. As you read each time, the students should draw in the hands on the blank clocks. Ask the students to read their instructions carefully and then the translation Tr 4, if necessary.

EXAMPLE: 1. twelve twenty

(time already drawn on student copy)

2. three o'clock
3. three thirty
4. three fifty
5. seven forty-five
6. a quarter to eight
7. two ten
8. ten minutes to two
9. half past ten
10. twenty to four

"FREE TIME" BINGO GAME

Ask the students to fill in their bingo sheets with times from the list of times. Each square should have only one time written in it, and no time should be written more than once on one bingo sheet. There are more times than there are squares on one bingo sheet, so no student will have all the times written in squares. The player who has one row (vertical, horizontal or diagonal) covered first wins the game.

Write each of the following times on separate cards. Shake the cards in a paper bag. You, or one of the students taking turns, can draw out a card at a time and call out the time written on that card. Have small pieces of card or paper the same size as a square on the student bingo sheet. The students can use these to cover squares that have been called.

Play the game only as long as interest prevails.

1:15	4:05	7:10	10:11
1:30	4:24	7:45	10:35
2:00	5:15	8:08	11:10
2:35	5:50	8:50	11:16
3:10	6:00	9:06	12:09
3:40	6:09	9:12	12:50

UNIT III

AIDING NURSES

UNIT PREVIEW

In Unit III you will listen to a story, and questions about the story.

You will listen to a lecture about duties of nursing aides. Listen for these main points in the lecture:

1. Who supervises the nursing aides?
2. There are five duties for nursing aides given in the lecture. What are they?
3. What does "handle equipment and supplies" mean?
4. What can running errands be?

There is a short dictation in this unit. Listen and write what you hear.

In Verbal Directions you will practice with colors and learn to understand directions with <u>but</u>: "Put the blue pen on that desk." You will also learn to respond to "Show me..."

In Practice Listening you will review the adjectives you learned in Unit II and learn to answer questions like "Is Mr. A tall or short?" There is a Matching Game to practice these adjectives some more.

VOCABULARY

STORY

friend
house
for dinner
other
having (friends for dinner)
having (dinner)
together

LECTURE

discuss
duties of
last time
remember
all
supervise
are supervised by
may have any of
following
provide
nursing care
patient (N)
This can mean...
serve meals
feed
handle
equipment
supplies
finding
from one place to another
setting up
putting away
keep records
run errands
carry messages
for somebody
music records

DICTATION

hear about
when = at the time
sick

VOCABULARY DICTATION

STORY

(Write Mrs. Smith's name on the blackboard when you say her name.)

Jane Souza has a friend. Her name is Mrs. Smith. Jane is going to Mrs. Smith's house for dinner. She's going on Tuesday at 6:30. Two other friends are going, too. Mrs. Smith is having three friends for dinner. The three friends and Mr. and Mrs. Smith are having dinner together Tuesday. There are going to be five people for dinner.

QUIZ

1. Jane has a friend. What is her name?
   a. Jane Souza. c. Mr. Smith.
   x b. Mrs. Smith. d. Her friend's name.
2. Where is Jane going for dinner?
   a. On Tuesday. c. 2 other friends.
   b. At 6:30. x d. Mrs. Smith's house.
3. When is Jane going for dinner?
   a. On Thursday. x c. At 6:30.
   b. On Tuesday at 7:30. d. Mrs. Smith's house.
4. How many people are having dinner?
   x a. 5 people. c. 2 other friends.
   b. 3 friends. d. Mr. & Mrs. Smith.
5. How many friends is Mrs. Smith having for dinner?
   a. 5 friends. c. 2 other friends.
   x b. 3 friends. d. Mr. & Mrs. Smith.

LECTURE Duties of Nursing Aides

Today we will discuss some of the duties of a nursing aide. Last time we talked about Pilikia Nui Hospital. Do you remember? Today we are going to talk about the duties of a nursing aide at Pilikia Nui.

All nursing aides are supervised by nurses. They may have any of the following duties:

1. A nursing aide may provide nursing care to the patient. This can mean doing many things.
2. A nursing aide may take care of the patient's room.
3. A nursing aide may help serve meals and feed the patients.

Lecture continued

4. An aide may handle some equipment and supplies.
This means finding equipment or supplies and taking them from one place to another, or setting up and putting away equipment.

5. And an aide may keep records and run errands.
Running errands can be carrying messages or getting things for somebody or taking things to somebody.

MAIN POINTS

1. What is the lecture about?
2. Who supervises the nursing aides?
3. There are five duties for nursing aides given in the lecture. What are they?
4. What does "handle equipment and supplies" mean?
5. What can running errands be?

OUTLINE Students write an outline while listening to the lecture.

DISCUSSION

QUIZ

1. This lecture is about

   a. nursing aides at Pilikia Nui.
   x b. duties of nursing aides.
   c. care to the patients.

2. Nursing Aides are supervised by doctors.

   a. True. (Yes.)
   x b. False. (No, not true.)

3. A nursing aide has only one duty.

   a. True.
   x b. False.

4. Providing nursing care to patients can mean doing many things.

   x a. True.
   b. False.

5. This is not one of the duties of a nursing aide:

   x a. Supervise nurses.
   b. Take care of the patient's room.
   c. Keep records.

6. One of the duties of a nursing aide may be

   a. to supervise nurses.
   x b. to serve meals to patients.
   c. to provide nursing care to the nurses.

Lecture Quiz continued

7. "Serve meals to patients" means

   a. "feed patients."
   b. "cook meals for patients."
   x c. "take meals to patients."

8. "Handle equipment" does not mean

   a. "take equipment from one place to another."
   b. "set up and put away equipment."
   x c. "buy equipment for the hospital."

9. In the sentence "Nursing aides may keep records", "keep records" means

   a. "keep music records for the patients to listen to."
   x b. "keep records about the patients."
   c. "keep records about the nurses."

10. Running errands can be
    (More than one answer may be correct. (Tr1))

   x a. carrying messages.
   b. feeding the patients.
   x c. taking things to somebody.
   x d. getting things for somebody.
   e. cleaning the patient's room.

DICTATION

Write "Leilani" on the blackboard.

Leilani Hospital is a large hospital in Honolulu. Leilani has many doctors. These doctors work in special wards, for example, Surgery or Maternity. Many people hear about these doctors and many people on Oahu come to Leilani when they're sick.

VERBAL DIRECTIONS

Students close their books and notebooks.

Have pens, pencils and books of several different colors each. (Use black, white, red, blue, green, yellow, orange, purple, brown and gray.)

Vocabulary put on, in

Put a pen on that desk.
Put a book on the table.
Put a pencil in the bag/box.

Put the blue pen on that desk.
Put the red pen on that desk.
Put the yellow book on the table.
Put the black pencil in the bag/box.

Vocabulary show

Show me your quiz paper.
Show me the chart.

PRACTICE LISTENING

Use the Chart of People in Unit II.

Is Mr. A tall or short?	(He's tall.)
Is Ms. F thin or fat?	(She's thin.)
Are H and J young or old?	(They're young.)

"THE LONG AND THE SHORT OF IT" MATCHING GAME

Mr. Z		X		X		X
Mr. B		X	X			X
Mr. V	X			X	X	
Mr. G		X	X		X	
Mr. C	X		X		X	
Mr. P		X	X			X

1. Mr. G is old.
2. Mr. B is short and thin.
3. Mr. C is tall.
4. Mr. P is short and thin.
5. Mr. V is old and fat.
6. Mr. B is young.
7. Mr. Z is short.
8. Mr. P is young.
9. Mr. C is old and thin.
10. Mr. G is short.
11. Mr. Z is young.
12. Mr. Z is fat.
13. Mr. V is tall.
14. Mr. G is thin.

UNIT IV

YOUR FIRST DAY IN THE HOSPITAL

LECTURE PREVIEW

The purpose of this lecture is to introduce you to work in the hospital. The lecture is in two parts. The first part is to tell you about the personnel that you will meet when you work in the hospital. The second part is to tell you something about the nurse's station that is on every ward.

As you listen to the lecture, listen for the answers to the questions below. These questions and their answers will give you the important points in the lecture.

Part 1 Hospital Personnel

1. Who is the most important person on the hospital staff?
2. What is the important thing to remember when you're with a doctor? Should you call him by his first name?
3. Who is the second most important person?
4. What is the usual duty of the registered nurse? And what is the nurse called in this duty?
5. Who is the team leader? What is team care?
6. Who is the next in line after the nurse?
7. What does the Licensed Practical Nurse do? Who will you be dealing with most of the time?
8. Who are the four people on a hospital medical team? What is the chain of command? Can you skip over the chain of command?
9. Who takes care of the paper work?
10. What do transport aides do?
11. What do dietary aides do?
12. Name four kinds of technicians in the hospital.

Part 2 The Nurse's Station

1. What is the place on every floor where everything gets done?
2. When will you go to the nurse's station?
3. Who is at the nurse's station? Who do you introduce yourself to on the first day?
4. What are the charts? Should you read them? Should you write in them?
5. What is the assignment sheet?
6. What are four other kinds of sheets/forms that are kept at the nurse's station?
7. What kinds of books are kept at the nurse's station?
8. What should you do on your first day of work?
9. What should you do to find out what's wrong with your patients?

VOCABULARY

Part 1

usually
rounds
not to cause any trouble
chart (N)
right away
never
even if
a long time
speak first
always
respect
whether
probably
too much
contact (N), contact with
in charge of
the floor = the ward
can be known as
head nurse
direct patient care
normally
administrative aspects
day-to-day basis
lucky
follow
report to
tamper with
complaint
must have proof
clerk
make appointments
forms
admission/discharge slips
wherever
get on the wrong side of
be nice
really hard
different kinds
aide, orderly
transportation
sole job
might
check (V)
find out
lab
blood samples
vampire squad
wash
hold
sometimes
portable
X-ray machine
electroencephalogram = a record of the electrical activity of of the brain
electrocardiogram = a record of the electrical activity of the heart

Part 2

lobby
heart and life
thereafter
look like
expect, What would you expect?
certain things in common
information
point to
because
reported
will be expected
The time will come when...
anything
until
assigned to
where it is kept
clip board
coffee break
brand new
rummaging through, poking
intake - what goes in
output - what goes out
fill out
admitted
requests
use (V)
helpful
try and get a chance
go through = look through
take a look at
change (V)
once...then
pretty much
as long as

VOCABULARY DICTATION

LECTURE SUMMARY — Your First Day in the Hospital
(Video Lecture I)

Part 1 Hospital Personnel

The most important person is the DOCTOR. You will usually see him at morning and afternoon ROUNDS, when he sees all his patients. It's very very important not to cause the doctor any trouble. If you are reading a chart and the doctor wants it, give it to him right away. Never call the doctor by his first name. Even if you know him for a long time, you don't call him by his first name. When you speak to the doctor first, always say, "Dr. Jones,..." RESPECT is the important thing; always say Dr. Smith, Dr. Jones, whether it's a man or a woman.

Probably you won't be having too much contact with the doctor.

#

The next most important person is the REGISTERED NURSE. The name pin of a registered nurse has "RN" on it. The RN is usually in charge of the floor and can be known as: HEAD Nurse
CHARGE Nurse
SUPERVISOR

She's in charge of all the patients on the floor. You may see her doing direct patient care, but normally she is taking care of the administrative aspects of the floor.

The RN will also be your TEAM LEADER. Patients are being taken care of by a team of doctors and nurses. Most of the hospitals today are being run on team care.

#

The next in line is the LICENSED PRACTICAL NURSE, the LPN. This is the person you will be dealing with most of the time. The LPN is taking care of the patients on a day-to-day basis. The LPN is the person you will be seeing most of.

#

So, in most hospitals, this is your team:

1 DOCTOR
1 RN - Team Leader
1 LPN
1 NURSE'S AIDE - or, if a hospital's lucky, more than one.

The whole team takes care of the patients. This is the chain of command. You have to follow it: The NA reports to the IPN, the LPN to the RN, the RN to the doctor. Don't ever tamper with this chain of command! If you go to the RN with some complaint about the LPN, you must have proof of your complaint.

#

Those are the medical personnel. There are other people you will see on the ward.

The WARD CLERK takes care of all the paper work--all the administrative work, makes appointments for the patients, does all forms --admission and discharge slips. Wherever you work, don't ever get on the wrong side of the ward clerk! Always be nice to the ward clerk--they work really hard.

#

There are a lot of different kinds of AIDES in the hospital. (The word ORDERLY isn't used much any more.)

TRANSPORTation aides is one kind of aide. Their sole job is to take patients from one place to another. They take patients wherever they have to go.

DIETARY aides is another kind of aide. They bring trays, pass them out, or they work in the Dietary Department. Your hospital might not have these people. Check the name tag of the person you are talking to. Find out what it is in your hospital.

#

TECHnicians are usually called Techs in the hospital. There are different kinds:

LAB techs. You usually see them early in the morning, when they come to the patients to get blood samples. We call them the vampire squad. They may ask you to help them--to wash the patient's arm or hold the patient.

X-RAY technicians. Usually the patients go down to the X-ray department, but sometimes the X-ray tech may come up with their portable X-ray machine.

EEG techs. EEG means electroencephalogram, which is a test for the head (a record of the electrical activity of the brain).

EKG techs. EKG means electrocardiogram, which is a test for the heart.

Usually the patient goes to a specific place in the hospital to have these done, but they can be done at the patient's bedside.

These are just four of the kinds of techs you will meet in the hospital.

That's about the extent of the people you'll be seeing in the hospital.

/END Part 1/

Part 2 The Nurse's Station

Today's lecture is going to be about your first day of work at the hospital. Let's say you work on the 3rd floor. You get in the lobby, you get in the elevator and you come to the 3rd floor. You come to the heart and life of the floor--where everything gets done. That's the NURSE'S STATION.

On the very first day you will go to the nurse's station and every morning thereafter. You have to find out in your hospital: Where is the nurse's station? What does it look like? What would you expect to find there?

#

They may be different in different hospitals, but they all have certain things in common.

The WARD CLERK is at the nurse's station. She's the one you ask for information. You walk up to the ward clerk and you say, "Hello, my name is _____. My team leader is Jane Doe." And she'll probably point to one of the nurses and say, "That's Jane Doe."

#

You'll probably find the nurses and the doctors are here because this is where the CHARTS are. The charts are very important because that's the patient's record. That's where all the things about him are reported.

You will be expected to read everything in the chart, and know everything about your patients. The time will come when you will be asked to write in the chart. Don't ever write anything in the chart until the team leader says it's OK.

#

Your team leader will show you the ASSIGNMENT SHEET. This is important to know--find out where it is kept. It might be kept on a clip board or on the desk. This tells you who your patients are, what team you are assigned to, who your team leader is, and when you have your coffee break and lunch.

#

Your team leader will tell you Mrs. Jones has to have a brand new I & O SHEET. Ask the ward clerk where the I&O sheets are kept. Don't go rummaging through the desk drawers and poking. I&O means Intake & Output. You'll have a lecture about that later.

DISCHARGE sheet is when you have a patient who is going to be discharged from the hospital and you have to fill out a sheet for her.

ADMISSION sheet is for a new patient who's going to be admitted.

LAB REQUESTS are for when a patient has to go for some lab work.

All the paper work for the floor is kept in the nurse's station.

#

There's a DICTIONARY at the nurse's station. There are both English and medical dictionaries for when you don't know what something is.

There are REFERENCE BOOKS. Use these! Reference books are very helpful.

Desks for writing and chairs are at the nurse's station.

#

These are the important things you will be expected to know about the nurse's station. On your first day of work try and get a chance to go through the nurse's station, even if you have to take your coffee break to do it. Find out where everything is--reference books, the different sheets. Take a look at your patients' charts just to find out what's wrong with your patients. The good thing about nurses' stations is they never change. Once you find out where everything is, then you'll pretty much know for as long as you're there.

/END Lecture/

LECTURE OUTLINE Students fill in outline or write their own outlines. (Tr1)

Part 1 Hospital Personnel

1. Most important person: doctor
2. You'll usually see the doctor at rounds.
3. It's very important not to cause the doctor any trouble.
4. Always call the doctor by his/her last name. Say Dr. Smith or Jones. The important thing is respect.

#

5. Next most important person: registered nurse (RN)
6. RN usually in charge of the floor; can be known as: Head Nurse or Charge Nurse or Supervisor. RN is in charge of all the patients on the floor.
7. The RN will be your team leader. Most hospitals today run on team care.

#

8. Next in line: licensed practical nurse (LPN)
9. LPN is the person you'll be dealing with most of the time.
10. The LPN takes care of patients on a day-to-day basis.

#

11. In most hospitals, this is your team:
    1 doctor 1 RN - team leader 1 LPN
    1 nurse's aide - maybe more than one
    The whole team takes care of the patients.
12. This is the chain of command. You have to follow it.
    NA reports to LPN - reports to RN - reports to doctor.

#

13. Ward clerk takes care of all paper work.
14. Always be nice to the ward clerk--they work really hard.

#

15. There are a lot of different kinds of aides in the hospital. (People don't use orderly much any more.)
16. Transport aides - take patients from one place to another.
17. Dietary aides - work with Dietary Dept. with trays, etc.
18. Check the name tag of person you're talking to.

#

19. Technicians are usually called techs in the hospital.
20. Lab techs - take blood from the patients. They may ask you to help them.
21. X-ray techs - Usually patients go to X-ray Dept, but sometimes the tech will come up to the floor.
22. EEG techs - electroencephalogram - for the head.
23. EKG techs - electrocardiogram - for the heart.

24. Usually the patient goes to a specific place in the hospital, but can be done at pat's bedside.

Part 2 The Nurse's Station

1. The lecture is about your first day of work in the hospital.
2. You go to the nurse's station - the heart of the floor - where everything gets done.
3. On the first day you'll go there, and every morning thereafter.
4. You have to find out where the nurse's station is and what it looks like.

#

5. The ward clerk is at the nurse's station. You walk up to the ward clerk and say, "Hello, my name is ___ ___. My team leader is Jane Doe."

#

6. At the nurse's station, you'll find the chart - the patient's record.
7. You'll be expected to know everything about your patients. Don't ever write anything in the chart until the team leader tells you to.

#

8. Your team leader will show you the assignment sheet.
9. It's important to know where the assignment sheet is kept.
10. The assignment sheet tells you who your patients are, what team you are assigned to, who your T L is, and when you have your break and lunch.

#

11. You'll find these other forms at the nurse's station:
    I&O sheets = Intake & Output sheets
    discharge sheets - for a patient who is going to be discharged.
    admission sheets - for a new patient
    lab requests - for lab work
12. All the paper work for the floor is kept at the nurse's station.

#

13. There's also a dictionary - both English and medical.
14. There are reference books. Use these!

#

15. On your first day of work, try and go through the nurse's station - find out where everything is.
16. Take a look at your patients' charts; find out what's wrong with the patients.

DISCUSSION

QUIZ

There may be more than one correct answer for a question. Mark all correct answers. (Tr2)

Part 1

1. What is Part 1 of the lecture about?

   a. Work in the hospital.
   x b. Hospital personnel.
   c. The nurse's station.
   d. Aides.
   x e. Doctors, nurses, aides and technicians.

2. Who is the most important person?

   x a. The doctor.
   b. The registered nurse.
   c. The licensed practical nurse.
   d. The nurse's aide.

3. The second most important person is

   a. the doctor.
   x b. the registered nurse.
   c. the licensed practical nurse.
   d. the nurse's aide.

4. What is important to remember with the doctor?

   a. His first name.
   b. Team care.
   c. Trouble.
   x d. Not to cause trouble.
   x e. Respect.
   f. The patient's chart.

5. What can the nurse be known as?

   x a. Supervisor.
   b. LPN.
   c. Tech.
   x d. Head Nurse.
   x e. Charge Nurse.
   x f. Team leader.

6. Team care is

   x a. a team taking care of patients.
   x b. doctors and nurses working together to take care of the patients.
   c. technicians and aides working in the hospital.

7. Who takes care of the patients on a day-to-day basis?

   a. The doctor.
   b. The registered nurse.
   x c. The licensed practical nurse.
   d. The nurse's aide.

8. Who will you be dealing with the most?

   a. The doctor.
   b. The registered nurse.
   x c. The licensed practical nurse.
   d. The nurse's aide.

Quiz continued

9. What is the chain of command?

a. Nurse's aide, RN, LPN, doctor.
b. Doctors, nurses, aides, technicians.
x c. Doctor, RN, LPN, nurse's aide.
d. RN, LPN, nurse's aide.
e. RN, doctor, LPN, nurse's aide.

10. Who takes care of the paper work?

a. Lab techs.
b. Transport aides.
c. Nurse's aide.
d. LPN.
x e. Ward clerk.

11. What do transport aides do?

a. They carry trays from one place to another.
x b. They carry patients from one place to another.
c. They do the paper work on the floor.
d. They take blood samples.
e. They work in the Dietary Dept.
f. They work in the X-ray Dept.

12. What do dietary aides do?

x a. They carry trays from one place to another.
b. They carry patients from one place to another.
c. They do the paper work on the floor.
d. They take blood samples.
x e. They work in the Dietary Dept.
f. They work in the X-ray Dept.

13. What do lab technicians do?

a. They carry trays from one place to another.
b. They carry patients from one place to another.
c. They do the paper work on the floor.
x d. They take blood samples.
e. They work in the Dietary Dept.
f. They work in the X-ray Dept.

14. X-ray techs sometimes

x a. come to the floor.
b. take blood samples.
c. take patients from place to place.

15. Name four kinds of technicians in the hospital.

a. Transport aides.
b. Dietary aides.
x c. Lab techs.
x d. X-ray.
x e. EEG.
x f. EKG.

Quiz continued

16. EEG means

a. blood test.
b. electrocardiogram.
x c. electroencephalogram.
x d. test for the head.
e. test for the heart.
f. portable X-ray machine.

17. EKG means

a. blood test.
x b. electrocardiogram.
c. electroencephalogram.
d. test for the head.
x e. test for the heart.
f. portable X-ray machine.

Part 2

1. The nurse's station is

x a. the heart and life of every floor.
x b. where everything on the floor gets done.
x c. where all the paper work is.
x d. where the ward clerk is.
x e. where the patients' charts are.

2. You will go to the nurse's station

a. on your coffee break.
x b. to look for forms to fill out.
c. when you go home.
x d. on your very first day.
x e. every morning when you go to work.

3. What are the charts?

a. The assignment sheet.
b. The team you are assigned to.
c. The sheet that tells you your team leader.
d. The discharge and admission sheets.
x e. The patients' records.

4. What do you do with the charts?

x a. Look for them the first day.
x b. Read them.
c. Write in them.
d. Give them to the doctor.
e. Give them to your team leader.

5. What does the assignment sheet have?

a. The charts.
x b. The team you are assigned to.
x c. Who your team leader is.
x d. Who your patients are.
x e. When you take your lunch.
f. The discharge and admission records.
g. The patients' records.

Quiz continued

6. What are four kinds of forms kept at the nurse's station?

x a. Lab requests.
b. Reference books.
c. Dictionaries.
x d. I&O sheets.
e. The ward clerk.
x f. Discharge sheets.
x g. Admission sheets.

7. What kinds of books are kept at the nurse's station?

a. Lab requests.
x b. Reference books.
x c. Dictionaries.
d. I&O sheets.
e. Discharge and admission sheets.

8. What do you do on your first day of work?

a. Fill out I&O sheets for your team leader.
x b. Read the assignment sheet.
c. Read the reference books.
x d. Read your patients' charts.
e. Give your patients' charts to the doctor.
x f. Find where everything is at the nurse's station.

VERBAL DIRECTIONS: Students close their books and notebooks.

Review of put, using hospital objects.

Vocabulary

cup	chair	thermometer
glass	desk	tissues
pitcher	bedside table	towel
tray	drawer	bath basin
straw	vase	emesis basin
spoon	flowers	bedpan
		urinal

Put the glass on the tray.

Put the tray on the desk.

Put the pitcher on the tray.

Put the straw in the glass.

Put the spoon in the cup.

Put the towel in the bath basin.

(Use reasonable things to do. For instance, don't say, "Put the pencil in the pitcher"--unless you're playing a hiding game.)

Verbal Directions continued

Vocabulary pick up

Practice each pattern until it is easily understood before going on to the next pattern.

Pick up the vase.
Pick up the flowers.

Pick the vase up.
Pick the flowers up.

Pick up the vase. Pick it up.
Put it on the table.

Pick up the flowers. Pick them up.
Put them in the vase.

Turn your back to the students and repeat the directions without indicating with gestures.

While Student A follows the directions, the other students should watch to see if Student A follows the directions correctly. (Tr3)

PRACTICE LISTENING

Use the Chart of People in Unit II.

Mr. A is taller than Mr. B.
Mr. B is shorter than Mr. A.
Ms. F is thinner than Ms. E.
Ms. E is fatter than Ms. F.
Ms. D is fatter than Ms. E.

Is Mr. A taller than Mr. B? (Yes.)
Is Mr. G older than H?
Is H older than Mr. G? (No.)

Practice until students understand quickly and easily.

"PUT DOWN" MATCHING GAME

Draw the game chart on the blackboard.

PLACES:	Patient's Table	Nurse's Table	Patient's Tray	Nurse's Desk
Patient C's	spoon		straw	cup
Patient G's		glass		tis.
Patient B's		tis.	pit.	
Patient P's	tis.	cup	therm.	
Patient Z's	therm.	straw		pit.

OBJECTS: cup, glass, straw, spoon, pitcher, vase, tissues, thermometer

(Encourage the students to use short forms.)

EXAMPLE: 1. Put Patient Z's thermometer on the patient's table.
Be sure every student writes therm in the correct space.

2. Put Patient G's glass on the nurse's table.
3. Put Patient B's pitcher on the patient's tray.
4. Put Patient G's tissues on the nurse's desk.
5. Put Patient Z's straw on the nurse's table.
6. Put Patient P's thermometer on the patient's tray.
7. Put Patient C's spoon on the patient's table.
8. Put Patient C's cup on the nurse's desk.
9. Put Patient P's tissues on the patient's table.
10. Put Patient B's tissues on the nurse's table.
11. Put Patient G's straw on the patient's tray.
12. Put Patient P's cup on the nurse's table.
13. Put Patient Z's pitcher on the nurse's desk.

UNIT V

THE HUMAN BODY

LECTURE PREVIEW

The lecture about the human body has three parts. Part 1 is about the outside of the body in the front. Part 2 is about the outside of the body in the back. Part 3 is about the internal body.

The purpose of the lecture on the human body is to give you the English vocabulary for the various parts of the body.

Listen for these important points in Part 1 - The External Body - Front.

1. What are the parts of the head? Does the lecturer leave out any parts of the head?
2. What are the parts of the arms and legs?
3. What are the parts of the upper and lower portions of the main body?
4. What are the parts of the body that have different names on the male and female?

Listen for these important points in Part 2 - The External Body - Back.

1. What are the parts of the body that are different from those in Part 1?
2. Are there any parts that are different for the male and female?

Listen for these important points in Part 3 - The Internal Body.

1. What are the internal parts of the head?
2. What is the difference between the esophagus and the windpipe?
3. What are the organs in the abdomen?
4. What are the parts of the internal body that are different for the male and female?

VOCABULARY

Part 1 The External Body - Front

abdomen
unbilicus
belly button
pelvic region
reproductive area
pubic area - female
scrotum - male
penis

milk
supplying milk
newborn baby
the same
medical talk = medical term
everyday talk
differences

Part 2 The External Body - Back

running from your neck all the way down your back
really
a lot of
bones
slang
if
get into trouble

Part 3 The Internal Body

brain
nasal cavity
tongue
teeth
oral cavity
esophagus
throat (inside)
windpipe
lungs
heart
stomach
liver
kidneys
urine
ureters
bladder
small intestine
large intestine
ovaries
fallopian tubes
uterus
cervix
vagina
testes, testicles

starting = beginning
takes up = uses (up)
air
size
fist
moving down = going on down
tubes
one of the few places
eggs
produce
lead to = go to
opening
system
major vs minor

VOCABULARY DICTATION

LECTURE SUMMARY The Human Body (Video Lecture II)

Note: Use large body charts if possible and, as you say the parts of the body, point to them on the chart and on yourself where possible.

Part 1 The External Body -- Front

Today's lecture is going to be about the female and the male body -- the outside portion of it.

The head is the portion between the chin and the hair. In the front of the head you have the forehead, you have the eyes, the eyebrows, nose, mouth and lips, and the chin which is right here.

#

Between the chin and the shoulders is the neck. Inside in front it's called the throat.

Here are the shoulders. The upper portion of the body in front on the male is called the chest. The upper portion on the female is the breast. Females have nipples for supplying milk to the newborn baby.

#

On both the female and the male the arms are the same. This is the upper arm from the shoulder to the elbow. From your elbow to the wrist is your forearm. Then you have the wrist, and your hand, and your four fingers and your thumb.

#

This is the abdomen. The navel is right here. It's umbilicus in medical talk. It's belly button in everyday talk.

The pelvic region is here on both the male and the female. The female reproductive area is called the pubic area. On the male this portion of the body behind the penis is the scrotum.

#

For the legs they're the same on both the male and the female. The portion from your hip to your knee is the thigh. Then you have your knee. Then in the front portion of your lower leg is the shin. Behind that is the calf. Then you have the ankle, the foot and the toes.

#

The only differences between the male and the female are the

chest area --the breast for the woman and the chest for the man, and the pubic area on the female and the scrotum and the penis for the male.

/END Part 1/

Part 2 The External Body --Back

This lecture is about the parts of the body on the back. The parts are the same on the male and the female.

First is the head --the back of the head, then the neck portion, then you have the shoulder blades.

Then the back of the arm --the upper arm, the elbow, the forearm, and the back of the hand.

Then you have running from your neck all the way down your back is your spine or backbone. The backbone is not really one bone. It's a lot of small bones.

Then right here is your buttocks. In the hospital you'll hear a lot of slang for this portion of the body. Always remember to use the word buttocks. If you use slang you might get into trouble.

Then there's the back protion of the upper leg which is the thigh, then the back of your knee, your calf, your ankle and foot.

/END Part 2/

Part 3 The Internal Body

Most of the internal organs are the same for the female and for the male.

Starting at the head, we have the brain. It takes up most of the area in your head. Behind your eyes and your nose is the nasal cavity. Then where your mouth is, inside you have your tongue and your teeth --your oral cavity.

Esophagus is a medical term. Most people say throat. The esophagus goes to the stomach. It carries food to the stomach. The windpipe carries air to the lungs. (NOTE TO THE TEACHER: This part of the video tape is confusing; if you use the tape, be sure the students understand the lecturer.)

Remember the windpipe is in front of the esophagus.

Then you have the lungs. The lungs are in front of your heart. Your heart is about the same size as your fist.

Then moving down is the abdominal area --the stomach, the liver, two kidneys. Urine is formed in the kidneys. The urine goes down two tubes from the kidneys. These tubes are called ureters. They take urine from the kidneys to the bladder. Then there's the small intestine. From the small intestine food goes to the large intestine.

Now we come to one of the few places where the female and male bodies are different. The female reproductive organs start with the ovaries. The eggs are produced in the ovaries. The fallopian tubes lead to the uterus. At the opening to the uterus is the cervix. Then the vagina is the opening to the outside of the body. In the male reproductive system there are two testicles or testes inside the scrotum. This is the male reproductive organ.

These are the major organs inside the body. These are organs you should know.

/END Lecture/

LECTURE OUTLINE

Part I The External Body - Front

I. Head
   A. The head is between the chin and the hair.
   B. Parts of the head in front
      1. forehead
      2. (eyes)
      3. (eyebrows)
      4. (nose)
      5. (mouth & lips)
      6. (chin)
      7. (hair)

II. Neck
   A. The neck is between the chin and the shoulders.
   B. Parts of the neck
      1. The inside is the throat.
      2. The outside is the neck.

III. Shoulders

IV. Upper portion of the body in front
   A. Male
      1. (chest)
   B. Female
      1. (breast)
         a. nipples are part of the breast.

V

V. Arms
  A. Parts of the arm
    1. upper arm
    2. (elbow)
    3. (forearm)
    4. (wrist)
    5. (hand)
    6. (fingers)
    7. (thumb)

#

VI. Abdomen
  A. Navel -
    1. umbilicus (medical term)
    2. (belly button)

VII. Pelvic region

VIII. Female reproductive area
  A. (pubic)
  Male reproductive area
  A. (penis)
  B. (scrotum)

#

IX. Legs
  A. upper leg
    1. (thigh)
    2. (knee)
  B. lower leg
    1. shin - front
    2. (calf) - back
    3. (ankle)
    4. (foot)
    5. (toes)

#

X. Differences outside
  A. Male
    1. (chest)
    2. (scrotum)
    3. (penis)
  B. Female
    1. (breast)
    2. (pubic area)

Part 2 The External Body - Back

I. All parts are the same for the male and for the female.
  A. (back of head)
  B. (neck)
  C. (shoulder blades)
  D. back of arms
    1. (upper arm)
    2. (elbow)
    3. (forearm)
    4. back of hand
  E. backbone
    1. from the neck down your back, many small bones

#

  F. (buttocks)
  G. back of leg
    1. (thigh)
    2. (back of knee)
    3. (calf)
    4. (ankle)
    5. foot

Lecture Outline, p.3

Part 3 The Internal Body

Most internal organs are the same for the female and male.

I. Inside the head
   A. (brain)
   B. (nasal cavity)
   C. Inside the mouth - oral cavity
      1. (tongue)
      2. (teeth)

II. Throat
   A. Esophagus
      1. Most people say throat.
      2. goes to stomach
   B. Windpipe
      1. carries air to your lungs.
      2. windpipe is in front of the esophagus

#

III. Chest area
   A. (lungs)
   B. (heart)
      1. behind the lungs.
      2. If you make a fist, that's about how big your heart is.

IV. Abdomen - abdominal area
   A. (stomach)
   B. (liver)
   C. Urine is formed in the kidneys.
   D. Urine goes down two little tubes from the kidneys:
      Ureters - take urine from kidneys to bladder.
   E. Food goes into small intestine from the stomach.
   F. Food goes into large intestine from the small intestine.

#

V. Internal reproductive organs
   A. Bladder - holds urine
      NOTE: Is the bladder part of the reproductive organs?
   B. Parts of the female reproductive organs
      1. (ovaries) 3. uterus 5. vagina
      2. fallopian tubes 4. cervix
   C. Parts of the internal male reproductive organs
      1. inside scrotum - (testes)

DISCUSSION

QUIZ More than one answer may be correct for each question.

1. What are two parts of the body above the shoulders?
   x a. head b. chest c. navel x d. neck e. arm

2. What are three parts of the head above the nose?
   x a. forehead b. chin x c. eyebrows x d. eyes e. mouth

3. What are two parts of the head below the nose?
   x a. mouth b. forehead c. eyebrows x d. chin e. eyes

Quiz continued

4. What are three parts of the head?
   x a. forehead b. neck x c. eyebrows x d. eyes e. throat

5. Where are the eyebrows?
   a. below the eyes x c. above the eyes
   b. next to the eyes d. behind the eyes

6. What is between the chin and the shoulders?
   a. head x c. neck e. chin
   b. abdomen d. chest f. shoulders

7. Where is the forehead?
   a. below the eyes x c. above the eyes
   b. behind the eyes d. in front of the eyes

8. Where is the elbow?
   a. on the abdomen
   b. between the arms
   x c. between the upper arm and the forearm
   d. between the wrist and the forearm

9. What are three parts of the arm above the wrist?
   x a. forearm b. hand c. thumb x d. elbow x e. upper arm

10. What are three parts of the arm below the elbow?
   x a. wrist c. upper arm e. shoulders
   x b. fingers x d. forearm

11. What is the chest usually called in the female?
   a. cheat b. front x c. breast d. top e. lungs

12. What are two organs in the chest?
   a. navel x c. lungs e. spine
   b. neck x d. heart f. ears

13. What are [illegible]
   x a. elbow x b. wrist x c. upper arm x d. forearm

14. What is another name for the abdomen? Many people use this word.
   a. chest c. navel x e. stomach
   b. liver d. belly button

15. What are three organs in the abdomen?
   x a. liver c. shoulders e. heart
   x b. stomach x d. small intestine

VERBAL DIRECTIONS

Students close their books and notebooks.

Vocabulary

back up
reverse
turn around
face

outside
inside
forward
backward
sideways
back and forth
up and down

Go outside.
Go inside.

Go forward(s).

Go backward(s).
Go back.
Back up.
Reverse your direction.

Go back and forth.

Go up and down. (the room/the row)

Turn around.

Face me.

Face sideways.

Face the other way.

(Some of these are useful directions to a person with a wheelchair, if you can get a hold of one for the classroom.)

"BODY ENGLISH" MATCHING GAME

Students use the Matching Game body charts in their books. Read the following statements. Do not read the words in parentheses. For each statement, the students put the number of the statement on the line pointing to the correct body part. Sometimes the body part is not mentioned by name in the statement. (Tr1)

EXAMPLE: 1. Your patient has a broken ankle.

Students put the number 1 on the line pointing to the ankle, on either the male or female external front chart.

Part 1 External Body - Front - Male & Female

2. Your patient has a cut on her forehead.
3. Your patient has a broken nose.
4. Your patient has an injured right eye. (Must be right eye.)
5. Your patient must have lots of water. (mouth)
6. Mr. Jones wants a neck rub.
7. Your patient has a broken left hand. (Must be left hand.)
8. Mrs. Smith had abdominal surgery.
9. Take your patient's pulse. (wrist)
10. Take your patient's blood pressure. (upper arm)
11. Your patient has a bedsore on his elbow.
12. Your patient has a broken right shoulder. (Must be right shoulder.)
13. Your patient has a cut on her chin.
14. Your patient has a sore finger.
15. Your patient has a cut on his eyebrow.
16. Your patient has a bruised chest.

Part 2 External Body - Back

1. Your patient has a broken neck.
2. Your patient will have a head X-ray.
3. Your patient has injured her left shoulder blade.
4. Your patient has a broken back.
5. Your patient has a bedsore on his buttocks.
6. Your patient has a broken hip.
7. Mr. White has an injured elbow.
8. Your patient has a broken ankle.
9. Mrs. Black has an injured wrist.
10. Your patient has a broken shoulder.

Part 3 Internal Body

1. Your patient has an infection in the nasal cavity.
2. Your patient bit his tongue.
3. Your patient has lung cancer.
4. Your patient has heart disease.
5. Your patient has a bladder infection.
6. Your patient has an infected kidney.
7. Your patient has a liver disease.
8. Your patient has an infected ureter.
9. Your patient's large intestine is damaged.
10. Your patient's right lung is diseased.

"GIVE AWAY" MATCHING GAME

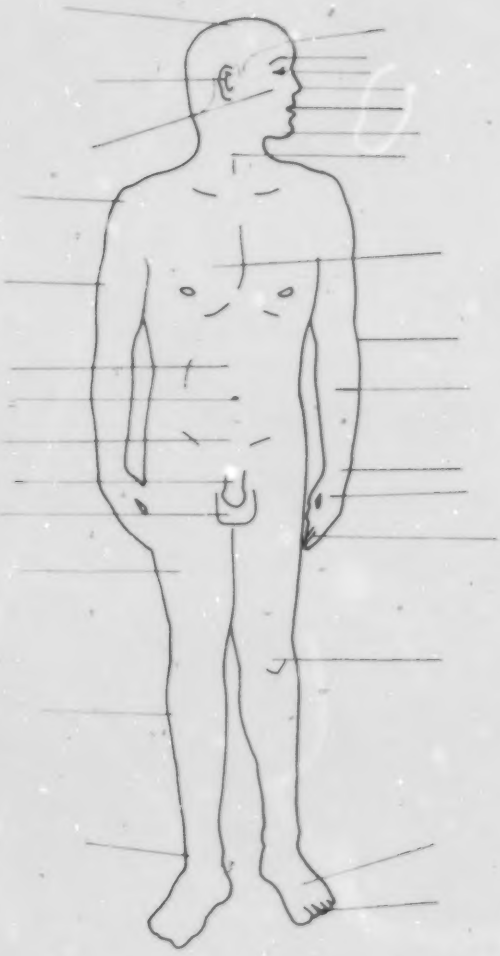
Nurse / Patient	B	D	P	T	V
B	bedpan	bedpan		glass	
D	pit.		bath	pit.	glass
P	glass			bath	bath b.
T		pit.		bath b.	bath
V	bath	glass	glass	bedpan	

glass, pitcher, bath, bath basin, bedpan

1. Nurse P gave a bath basin to Patient V.
2. Nurse T gave a bath to Patient V.
3. Nurse D gave a bath to Patient P.
4. Nurse P gave a glass to Patient B.
5. Nurse V gave a glass to Patient P.
6. Nurse D gave a pitcher to Patient T.
7. Nurse B gave a bedpan to Patient B.
8. Nurse B gave a bedpan to Patient D.
9. Nurse P gave a bath to Patient T.
10. Nurse T gave a pitcher to Patient D.
11. Nurse V gave a glass to Patient D.
12. Nurse T gave a bath basin to Patient T.
13. Nurse D gave a glass to Patient V.
14. Nurse B gave a glass to Patient T.
15. Nurse V gave a bath to Patient B.
16. Nurse D gave a pitcher to Patient B.
17. Nurse V gave a bedpan to Patient T.

Lecture: The Human Body
"Body English" Matching Game

CHART 1 External Body - Front, Male



v

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CHART 2 External Body - Front, Female

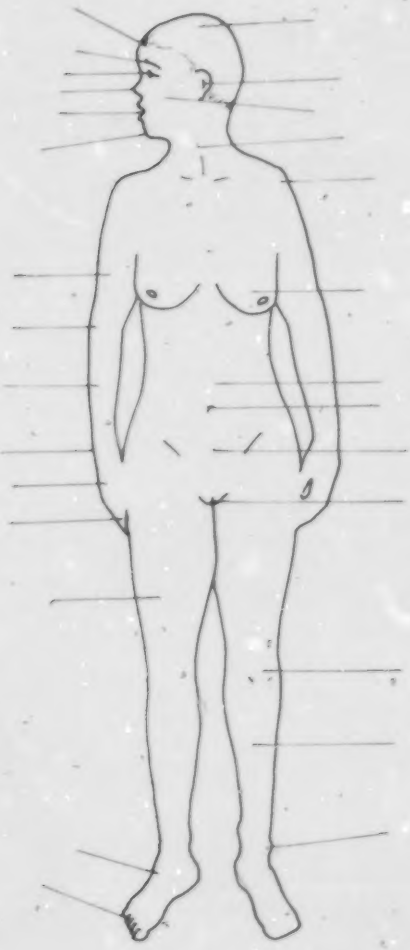
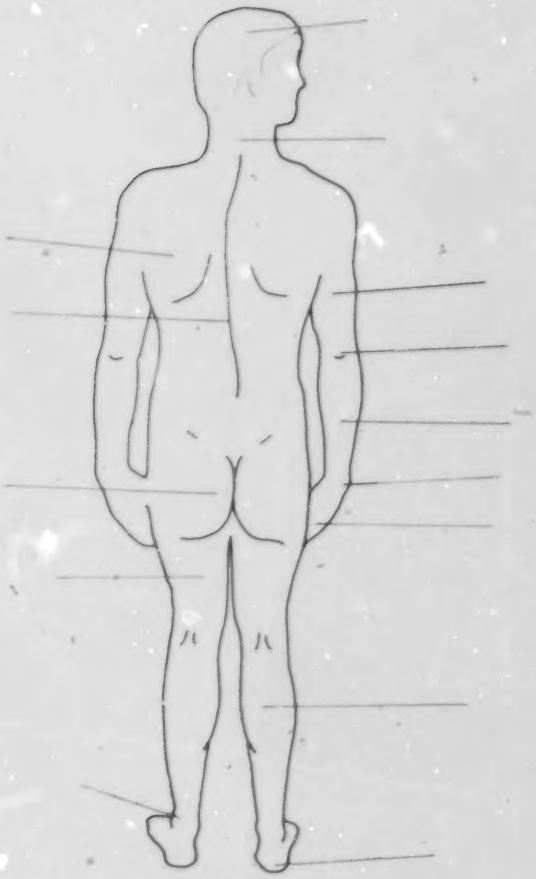


CHART 3 External Body - Back



V

51

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CHART 4 Internal Body, Male

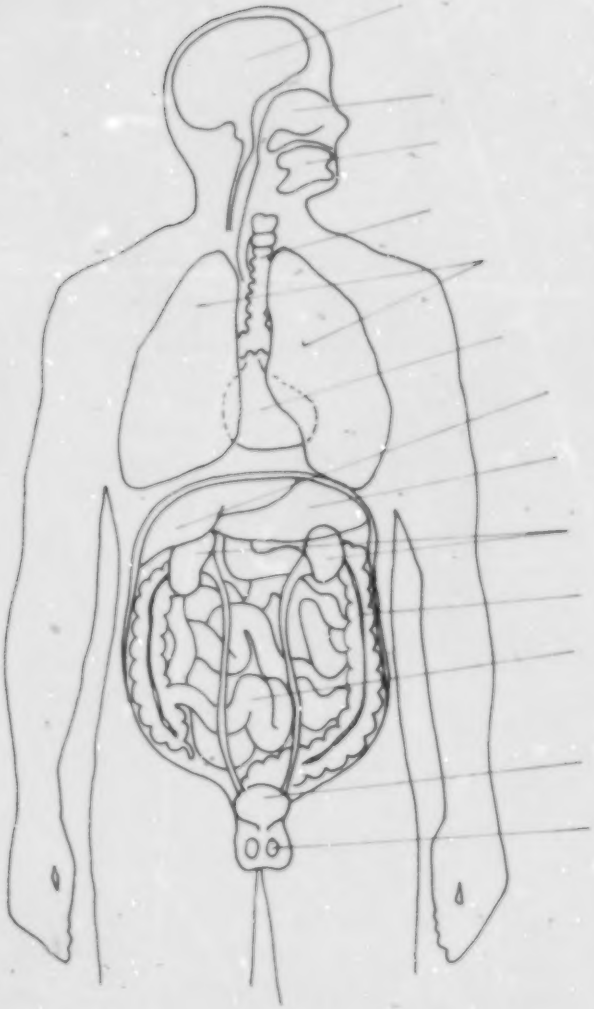
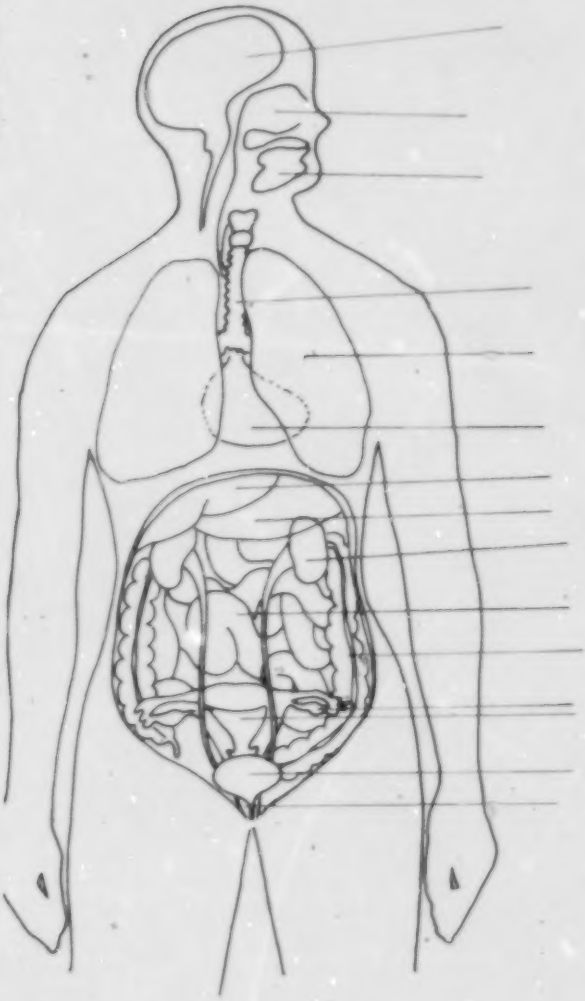


CHART 5 Internal Body, Female



UNIT VI

ASEPSIS IN THE HOSPITAL

LECTURE PREVIEW

The purpose of this lecture is for you to understand about cleanliness in the hospital.

As you listen to the lecture, listen for these important points:

1. What two types of germs are there?
2. What two harmful germs cause the most infections in the hospital?
3. What three words should you know?
4. What are some of the things that have to be sterile?
5. Why do they have to be sterile?
6. What is surgical asepsis?
7. What are some of the things that have to be clean?
8. Why do they have to be clean?
9. How should you wash anything? How should you wash your hands, in particular?
10. What are some ways to contaminate something, to transmit germs?
11. What is medical asepsis?

VOCABULARY

Part 1
asepsis
have to do with
get rid of
germs -
  micro-organisms that can grow
micro-organisms -
  very small living bodies
antiseptic
against
refer to
disease
kind (N)
staph (A), staphylococcus (N)
strep (A), streptococcus (N)
source
sterile; sterilized
whatever
clean
contaminated

Part 2
bandages
packages
container
as long as (time)
needles; injection needles
inner part
opening, orifice
puncture wound
surgical asepsis -
  asepsis inside the body
natural defense - like the skin
vulnerable

Part 3
disinfect; disinfectant
hang down
turn off
faucet
forceps
touch
only

Part 4
believe
ways
You wouldn't believe how many ways there are.
think; without even thinking about it
sneeze, kachew
cough
fluff out
airborne
considered to be

Part 5
keep germs out of;keep germs from spread
harder - more difficult
surface
insects
feel like
wet
more easily than
travel
right along
a lot less

VOCABULARY DICTATION

LECTURE SUMMARY Asepsis in the Hospital (Video Lecture III)

Part 1 Germs

ASEPSIS has to do with cleaning, to get rid of GERMS (micro-organisms). There are two types of germs: harmful and helpful. A lot of words have to do with asepsis. One is ANTISEPTIC. It means to get rid of germs--against things that are dirty. (Septic means dirty.)

In the hospital we usually refer to two kinds of disease germs: STAPHylococcus --staph infection

STREPtococcus --strep infection, like strep throat

These are the two biggest sources of infection in the hospital. Patients sometimes get these infections in the hospital itself.

When we're talking about asepsis, there are three words that you should know:

STERILE --no germs of any kind on whatever has been sterilized. All germs--harmful and helpful--are taken off.

CLEAN --after washing; not as good as sterile, but all harmful germs are taken off.

CONTAMINATED --now has germs on it; any germs on things that were sterile, harmful germs on things that were clean.

/END Part 1/

Part 2 Sterile

Now we'll talk about STERILE. These things have to be sterile:

BANDAGES --usually come in paper packages. As long as they stay in their sterile container, they're sterile.

NEEDLES --injection needles

THERMOMETERS

All these things have to be sterile because they all come in contact with the inner part of the patient's body. They come in contact with an opening (orifice), like the mouth, nose, ears, eyes, and any opening in the skin, such as cuts, operations, puncture wounds, etc.

The reason for this is that this is SURGICAL asepsis--you don't want germs to come into the body. Have sterile things for any opening in the body without natural defenses. The skin is a

natural defense. When the skin is broken, the inner body becomes vulnerable to germs.

So we have sterile things usually in connection with surgical asepsis. Does everybody understand? Surgical asepsis is you don't want germs to get into the body and start an infection.

/END Part 2/

Part 3 Clean

Now we come to CLEAN. Things that have to be clean but not sterile are everything that comes in contact with the patient. Some things are:

water BOTTLES
BEDPANS
HANDS
emesis basins
bedding

You hear words like

DISINFECT, disinfectant } used to get things clean
ANTISEPTIC

When washing anything, always go from CLEAN TO DIRTY. When you wash your hands, you should start with your arms and go to your fingers. Your hands should always hang down. Turn off the faucet with a paper towel. When giving the patient a bath, start with the face. Do you know what forceps are? You have to pull the forceps straight out of the container of disinfectant. Always touch the patient only with the clean part of anything.

/END Part 3/

Part 4 Contaminated

Now we come to CONTAMINATED. You wouldn't believe how many ways there are to contaminate something without even thinking about it. Some of the ways you can contaminate something that is sterile or clean is by touching things when you take them out of their sterile packages or if there's an opening in a sterile container. You can contaminate something by sneezing (xachewing) or coughing, or by fluffing out sheets. There are airborne germs.

Any time something sterile touches something not sterile, it gets contaminated. Only STERILE things should touch sterile things. Someone with dirty hands contaminates anything he or she touches. Anything that goes from clean to dirty is considered to be contaminated.

/END Part 4/

Part 5 Summary of Asepsis

Remember: Surgical asepsis is keeping germs out of the body. MEDICAL asepsis is keeping germs from spreading from one person to another. This is much harder because germs can be transmitted by

HANDS

AIR

from one surface to another, like a GLASS

INSECTS

We want to keep germs from going from place to place. If you feel like you're sick, stay at home; you can spread germs to the patient. Wet things carry germs more easily than dry things. Germs travel right along in wet things.

Remember: Wash everything from clean to dirty. If you remember that, you'll find you'll have a lot less trouble with infections spreading.

/END Lecture/

LECTURE OUTLINE Students fill in the outline or write their own.

Part 1 Germs

1. Asepsis has to do with cleaning, to get rid of germs (micro-organisms).
2. Two types of germs: harmful & helpful
3. Antiseptic means against dirt. Septic means dirty.
4. In the hospital, two kinds of disease germs:
   staph ylococcus - staph infection
   strep tococcus - strep infection
   --the two biggest sources of infection in the hospital.
5. Three words you should know:
   sterile - no germs of any kind
   clean - after washing; no harmful germs
   contaminated - has germs on it,
   any germs on things that were sterile,
   harmful germs on things that were clean.

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Part 2 Sterile

6. Have to be sterile: bandages, needles, therm.' because they come in contact with the inner part of the body.

7. Surgical asepsis - don't want germs to get into the body and start infection.

Part 3 Clean

8. Have to be clean but not sterile: bottles, bedpans, hands,...

9. Words like disinfectant and antiseptic mean to get things clean.

10. When washing anything, go from clean to dirty.

11. When you wash your hands, start with your arms and go to your fingers. Your hands should always hang down.

12. When giving patient a bath, start with face.

13. Touch the patient only with the clean part of anything.

Part 4 Contaminated

14. Many ways to contaminate something.

15. You can contaminate sterile things by touching them.

16. You can contaminate something by sneezing / coughing / fluffing sheets

17. Only sterile things should touch sterile things.

18. Someone with dirty hands contaminates anything they touch.

Part 5 Summary

19. Surgical asepsis: keeping germs out of the body.
Medical asepsis: keeping germs from spreading from one person to another.

20. Germs can be transmitted by hands, air, glass, insects

21. Wet things carry germs more easily than dry things.

22. Wash from clean to dirty.
You'll have less trouble with infections spreading.

DISCUSSION

QUIZ 9

Have the students read their instructions carefully, and the translation (Tri) if necessary.

Tell the students you're going to read some statements, but you're not going to read the last word or two in each statement. They should listen to each statement, find the word in their list which completes the statement, and write the number of the statement next to that word. Put only one number by each word. Not all the words will have numbers.

Quiz 1 continued

EXAMPLE: Read No. 1. Do not read the underlined word. Ask the students which word completes the statement. Every student should put a 1 to the left of germs.

1. Asepsis means getting rid of germs.
2. Germs can be sources of infection.
3. There are two types of germs--helpful germs and harmful germs.
4. If something has no germs, it is sterile.
5. What is an example of something in the hospital that is sterile? Thermometer.
6. Bandages must always be sterile.
7. We don't want germs to enter the body. In the hospital what kind of asepsis keeps germs out of the body? Surgical asepsis.
8. What kind of asepsis keeps germs from spreading from one person to another? Medical asepsis.
9. Clean means you take off all the germs that are harmful.
10. What is something in the hospital that should be clean? Hands.
11. Wash everything from clean to dirty.
12. When you give a bath start with the face.
13. Germs can be transmitted by air.
14. Germs travel quickly in things that are wet.
15. Sterile means no germs.
16. You wash your hands. The harmful germs are gone. Your hands are clean.

You can give copies of the statements to the students after the quiz.

QUIZ 2 There may be more than one correct answer for a question.

1. What are two common infections in the hospital?
   a. Germs.
   x b. Staph.
   c. Strip.
   x d. Strep.

2. When you wash your hands, what do you do?
   x a. Hang your hands down.
   b. Turn off the faucet with your hand.
   x c. Wash from clean to dirty.
   d. Start with your fingers.

3. What are two kinds of germs?
   a. Asepsis.
   b. Germs.
   x c. Harmful.
   x d. Helpful.

4. What does clean mean?
   a. All germs are taken off.
   b. Helpful germs are taken off.
   x c. Harmful germs are taken off.

Quiz 2 continued

5. What things in the hospital have to be clean?
   x a. Your hands.
   b. Germs.
   c. Your shoes.
   d. Telephone.

6. What does sterile mean?
   x a. No germs.
   x b. No germs of any kind.
   c. Contaminated.
   d. Bandages.

7. What things in the hospital have to be sterile?
   x a. Thermometers.
   b. Hands.
   x c. Needles.
   x d. Bandages.

8. How can germs be passed from one person to another?
   x a. Sneeze.
   x b. Cough.
   x c. Insects.
   x d. Air.

9. What does contaminated mean?
   a. Has no germs.
   b. No germs of any kind.
   x c. Has germs.
   x d. Has harmful germs.

10. What does asepsis mean?
   x a. To get rid of germs.
   b. To contaminate.
   c. Germs.
   d. Water bottles.

VERBAL DIRECTIONS: Students should close their books and notebooks.

Vocabulary: come, over, Review: get, for
go, over
help, with
find, where

Come over here. (to a student across the room)

Go over there. (across the room)

Come over here | to the desk. / to me.

Go over there | to the door. / to Mrs. A. / to Mrs. A's desk.

Go over there and get me | the dictionary. / an oral thermometer. / the antiseptic.

Come over here and | take this bedpan. / take this lotion to Mrs. A.

Come over here and | help me with this bed. / help me with this patient.

Verbal Directions continued

Get some sheets for me.
Get some sheets and help me with this bed.

Get the antiseptic for me.
Get the antiseptic and help me with this bedpan.

Get a dictionary for me.
Get a dictionary and help me with this word.

Where's the dictionary?

Find the dictionary for me.

Where's the thermometer?

Find the thermometer for me.

Practice all patterns until the students understand easily.

"HIDE AND SEEK" GAME

Have different objects in the room.

Student A tells Student B to go out of the room. Then Student A tells Student C to hide something. Student A tells Student B to come back in the room and asks Student B to find the object.

EXAMPLE:

Student A to Student B: Go out of the room.

Student B goes out of the room.

Student A to Student C: Put the tissues in the bath basin.

Student C puts the tissues in the bath basin.

Student A to Student B: Come back in the room now.

Student B comes back into the room.

Student A to Student B: Find the tissues.

Student B finds the tissues.

Then Student B tells Student C to go out of the room, etc.

(Tr2)

Variations could be done. One is, when Student B comes back into the room, Student A says, "Where are the tissues?" Student B answers, "I don't know." Student A says, "Find them."

UNIT VII

ABBREVIATIONS AND MEASUREMENT

UNIT PREVIEW

There are two long lectures in Unit VII. Lecture 1 is on Abbreviations. Read the preview and vocabulary for that lecture before you listen to the lecture. Lecture 1 has no quiz. Instead, there is a Matching Game for you to test how much you remember of the abbreviations.

Lecture 2 is on Measurement. Again, read the lecture preview and vocabulary before you listen to the lecture. Measurement is very important in the hospital, and this lecture will tell you how to measure. There is a quiz for Lecture 2.

In this unit, you are given a Listening Assignment. The assignment is to call a number on the telephone and listen to a recorded message.

LECTURE 1 PREVIEW

ABBREVIATIONS

The purpose of this lecture is to explain the meaning of some of the common abbreviations you will see in the hospital. Some of the abbreviations are used in speaking. Some of the abbreviations are written down. All of the abbreviations are important. Most of the abbreviations in this lecture are used only in the hospital.

The lecture is divided into four parts. Part 1 is about abbreviations for time. Listen for these important points in Part 1.

1. What does AM mean?
2. What does PM mean?
3. What does AC mean?
4. What does PC mean?
5. What does q2h mean?
6. What does qd mean?
7. What does BID mean?
8. What does TID mean?
9. What does QID mean?

Part 2 is about three abbreviations that are written down. Listen for these important points in Part 2.

1. What does ℞ mean?
2. What does ā mean?
3. What does HS mean?

Part 3 is about three more important abbreviations having to do with conditions. You might hear these in the hospital. You might see them written down. Listen for these important points.

1. What does ad lib mean?
2. Which abbreviation means "as necessary"?
3. What does SOS mean?
4. Do SOS and prn mean the same thing?

Lecture 1 Preview continued

Part 4 is about two important abbreviations you should know. Listen for these important points in Part 4.
1. What does NPO mean?
2. Can an NPO patient have water to drink?
3. What does STAT mean?
4. Who might use the abbreviation STAT in the hospital?

VOCABULARY Lecture 1

Part 1
have heard
guess
turn your patient
every 2 hours
heating pad
physical therapy
two times a day

Part 2
with: without
dry skin
sleep
bedtime = time to go to bed
back rub
turn out the light

Part 3
as desired
as much as
no restrictions
as necessary
pain
prescription
medication = medicine
distress signal
if necessary

Part 4
nothing by mouth
If you don't learn anything else, learn NPO.
sign (N: the object)
as important as
emergency
right now
Drop whatever you are doing. = Stop whatever...

VOCABULARY DICTATION

LECTURE 1 SUMMARY Abbreviations (Video Lecture IV)
(Note: Write all abbreviations on the blackboard.)

Part 1 Time

Today we're going to talk about some of the common abbreviations that you've probably seen and heard in the hospital.

Now, everybody has seen these two abbreviations: AM and PM. AM means any time before noon. PM means any time after noon. That means afternoon or evening.

Now suppose your team leader says your patient is going to have lab work AC. That means lab work BEFORE EATING. AC is

usually in the morning before breakfast. AC means BEFORE MEALS.

Now your supervisor might say, "Take your patient to X-ray PC." Can you guess what PC might be? PC means AFTER MEALS. AC means before meals. Just like AM means before noon and PM means after noon.

#

Now suppose your team leader says that you should turn your patient q^{2} hours --$q^{2}h$. What does that mean? It means turn your patient EVERY 2 HOURS.

This number (the 2) can be any number. Your supervisor might say give your patient the heating pad $q^{4}h$ --that means EVERY 4 HOURS. q^{8} hours would be $q^{8}h$ --EVERY 8 HOURS.

Now sometimes you might see qd. An order might say, "Take your patient to physical therapy qd." qd means EVERY DAY.

#

OK, now sometimes you may see these things written: BID, TID, QID. BID means TWICE A DAY (two times a day). TID means THREE TIMES A DAY. QID means FOUR TIMES A DAY.

So these are the most common time abbreviations that you'll see and hear in the hospital. Try and get to know them.

/END Part 1/

Part 2 With, Without, and Bedtime

Now here's two very important abbreviations that you'll see written down. $\bar{c}$ and $\bar{s}$. You might see these without a line over the top. $\bar{c}$ means WITH. $\bar{s}$ means WITHOUT. It's very important to know these abbreviations. An order could say, "Give bath $\bar{c}$ dry skin lotion" or it could be "$\bar{s}$ dry skin lotion". You need to know the difference.

#

If you work at night, you're going to see this: hs. This means HOUR OF SLEEP, and that means BEDTIME. Things that you'll see with hs are a back rub, a warm bath, turning out the light, etc.

The usual bedtime in most hospitals is 9:00 PM.

/END Part 2/

Part 3 Conditions

This is an abbreviation you'll see: ad lib. It means AS DESIRED, as much as they want. There are no restrictions.

#

How many of you have heard this one? prn. This is one you'll hear a lot and it means AS NECESSARY.

Say your patient is having pain. The doctor may write out a prescription "give pain medication, prn". Or the nurse may say, "Change the linen, prn." This is one you'll hear a lot.

#

Now here's another one: SOS. This is not a distress signal in the hospital. SOS means IF NECESSARY.

The doctor may say, "Give pain medication, SOS" --if necessary. The nurse may say, "Change the linen, SOS." That means "if necessary". Remember: prn --as necessary.

/END Part 3/

Part 4 NPO and STAT

Here's an abbreviation everybody in the hospital sees: NPO. What does NPO mean? It means NOTHING BY MOUTH. If you don't learn anything else, learn NPO.

This is very important. It means no food, no water, no ice--nothing by mouth. Usually there is a sign on the patient's bed that says NPO.

#

Here's another one. This one is as important as NPO. It's STAT. It means EMERGENCY --RIGHT NOW, immediately. If a doctor or a nurse says do something STAT, that means right now. Drop whatever you are doing and do what they tell you.

STAT and NPO are important abbreviations in the hospital.

/END Lecture/

LECTURE I OUTLINE

Part I Time

1. Today: Some of the common abbreviations in the hospital.

2. AM before noon
   PM after noon - afternoon or evening

3. AC before meals
   PC after meals

4. q^{2}h - q^{2}hours every 2 hours
   q^{4}h every 4 hours
   q^{8}h every 8 hours

5. qd every day

6. BID twice a day/2 times a day
   TID 3 times a day
   QID 4 times a day

Part 2 With, Without, and Bedtime

7. Two important abbreviations written down:
   ℞ with
   ℔ without
   Example: Give bath ℔ dry skin lotion.

8. HS or hs bedtime You'll see this if you work at night.

9. Usual bedtime in most hospitals: 9 PM

Part 3 Conditions

10. ad lib as desired

11. prn as necessary - Give pain medication, prn.

12. NOC if necessary (not a distress signal in hospital)

Part 4 NPO and STAT

13. NPO nothing by mouth

14. Very important: no food, no water, no ice - NOTHING BY MOUTH.

15. STAT emergency/right now Also very important.

16. If doctor or nurse says do something STAT, drop whatever you're doing and do whatever they tell you.

DISCUSSION

LECTURE 2 PREVIEW

MEASUREMENT

The purpose of this lecture is to show you how you will use measurement in the hospital. You will need to know the metric system. You will need to know how to take accurate measurements of liquids.

There are six parts to this lecture. Part 1 is about cubic centimeters and milliliters. Listen for these important points.
1. What are the two systems or ways of measuring that you will see in the hospital?
2. What formula do you learn in this part?
3. What does a milliliter measure, volume or length (how long)? What does a millimeter measure?

Part 2 is about changing ounces to centimeters and milliliters. Listen for these important points in Part 2.
1. What formula do you have to remember to change ounces to cubic centimeters?
2. What does "convert" mean?

Part 3 is about measuring Intake and Output. Listen for these important points in Part 3.
1. What is the abbreviation for intake and output?
2. What kinds of things do you measure for intake and output?
3. What should you do if your patient does not have about equal amounts of intake and output?

Part 4 is about IV bottles. You will learn what to notice about IV bottles in Part 4. Listen for these important points.
1. How many cc's do most IV bottles hold?
2. About how much IV liquid should a patient take in every hour?
3. What should you do if you notice an IV bottle is running too fast or too slow?

Part 5 is about symbols you might see on medicine bottles or in prescriptions. Listen for these important points in Part 5.
1. What is the symbol for dram?
2. What is the symbol for ounce?
3. Where will you see these two symbols?
4. What kind of numbers are usually with these symbols?

Part 6 is a review section. There are some I&O problems in Part 6. Be sure you understand how to do all the I&O problems in this lecture.

VOCABULARY Lecture 2

Part 1
side
knowing how

Part 2
(no new vocabulary in Part 2)

Part 3
liquid
IV, intravenous feeding
carefully
responsibility
accurate
diet
solid food
column

Lecture 2 Vocabulary, Part 3 continued

altogether
something solid (object)
flat
amount
hold (the glass holds 6 ounces)
half
damage
indicate
about the same
maintain balance
average 8-hour shift
reverse
dehydration
malfunctioning

Part 4
quart
pint
notice (V)
too fast
solution
cardiac
load, strain
regulator; setting (on the regulator)
fix

Part 5
Roman numerals
not

VOCABULARY DICTATION

LECTURE 2 SUMMARY: Measurement (Video Lecture V)

Part 1 Cubic Centimeters and MILLILiters

Today we're going to talk about how they measure things in the hospital.

You've seen on the emesis basin and the urinal a lot of lines

One side is ounces and the other side is cubic centimeters (cc). And they'll be marked, for the ounces, 1,2,3,.... and for the cc, 50,100,150,... Most things in the hospital are measured by cc. Knowing how to measure is very importart.

Sometimes you'll see ML. That means MILLILITER. One ml is the same as 1 cc. MILLiliter is the measure of volume. (MILLimeter is how long something is.)

/END Part 1/

Part 2 Changing Ounces to CC and ML

A lot of times in the hospital, you have to convert/change ounces into cc's and cc's back to ounces. There's one very easy thing to remember: 30 cc = 1 ounce. Or you might see 30 ml = 1 ounce.

/END Part 2/

Part 3 Intake and Output

One of the most important places where measuring comes in--you may be asked to do INTAKE AND OUTPUT. In the hospital they say I&O. Intake is what goes into the body and output is what comes out of the body. Intake and output are always LIQUID. In I&O you measure soup but not meatloaf.

Intake and output is very common in the hospital. Patients who have been in surgery usually have I&O, or anyone with IV--anybody who has intravenous feeding. Intake and output for these patients has to be measured very carefully. It will probably be one of your responsibilities to measure accurately the I&O of that patient. Intake and output is usually measured in cc.

#

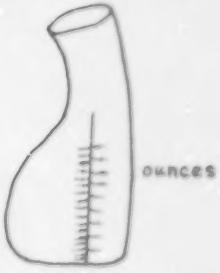
Here's a problem: You have a patient who's on a liquid diet --no solid food. You notice that for breakfast he has 4 OUNCES of juice, 6 OUNCES of soup and 6 OUNCES of coffee. Now, how many cc in 1 ounce? You put on the I&O sheet the right number of cc's in the Intake column. How much juice? How much soup? How much coffee? Altogether, what's the total intake?

IN	OUT
120	
180	
180	
480	

(Write on blackboard as you get answers from the students.)
Usually, hospitals will have a paper to tell you how many ounces in their coffee cups, how many in a soup bowl, etc. Always check and find out so that you will be able to record accurately on the Intake and Output.

#

Later, this patient asks for the urinal. The urinal is marked with cc and ounces. Put it on something solid (and flat) to look at it so you get the right amount. Then write it in the Output column. Say it's 125 cc.



#

Then in the afternoon the patient asks for a glass of water. You have to know how much water the glass holds. Say it holds 6 ounces and say the patient drinks about half of the water. How many cc do you write in the Intake column?

So, you have to know two things. You have to know how much a container holds and you have to know how much was in there and how much the patient drank.

#

Now, one of your patients has kidney trouble and has an IV. You notice his intake is 1500 and his output is only 700. (This usually happens with kidney damage.) This indicates that something is wrong. The intake should be about the same as the output to maintain balance in the body. In an average 8-hour shift, you'll have about 1500 cc intake and output. If you notice that your patient is not maintaining the balance, tell your team leader.

Or you may have the reverse: The output is more than the input. Then you get dehydration: the body is malfunctioning. Again, tell your team leader.

END Part 3/

Part 4 IV Bottles

In the IV BOTTLE there are usually 1000 cc. 1000 cc is just about equal to 1 QUART. Most IV bottles have 1000 cc; sometimes you'll see a bottle with 500 cc, and 500 cc is almost the same as 1 PINT. (Write on blackboard:)

1000 cc = 1 Quart 500 cc = 1 Pint

#

For example, you have a patient who is supposed to get 100 cc an hour: 100 cc/HOUR. In the morning you come in to give the patient a bath. You notice that the IV bottle has just 1000 cc. You come back there in another hour and you notice that the IV is now 800. The IV is running too fast--too much solution is going into the body. This can cause cardiac overload--too much load/strain on the heart.

#

Tell your team leader. He'll change it. Don't ever touch the regulator!! Let your team leader fix it.

OK, an hour later you go in and notice the IV has moved less than 100 cc. Not enough solution has run in--that can be very bad. Tell your team leader. Don't try to change the setting yourself.

It's important for anybody who works in the hospital to be able to use the cc's and know how to measure things.

/END Part 4/

Part 5 Drams and Ounces

Sometimes you'll see two symbols: This symbol is DRAM ℥ and this symbol is OUNCE ℥ ; sometimes you'll see 3 These symbols are always used for medication. They'll usually have Roman numerals after them, with the dots above. This means dram 4 and ounce 3. ℥iv ℥iii

You should know Roman numerals around the hospital.

You'll see medicine bottles marked this way. That tells how much medicine is in the bottle.

/END Part 5/

Part 6 Review

All right, here's a problem you can work out on paper. For lunch, Mr. Jones had 5 ounces coffee, 7 ounces soup, and 6 ounces jello, but he ate only half the jello. How much do you write on the I&O sheet? (480 cc Intake)

At 9:00 Mr. Jones uses the urinal. This urinal is marked only in ounces; say it's 5 ounces. And it's filled to halfway between 3 and 4 ounces. How many cc's is that? (105)

Has anybody had to do Intake and Output in the hospital? Everybody understand? All right.

/END Lecture/

LECTURE 2 OUTLINE

Part 1 Cubic Centimeters and Milliliters

1. Today: How they measure things in the hospital.

2. On the emesis basin and the urinal: lines for measuring
   One side: ounces
   The other side: cubic centimeters (cc)

3. They're marked 1,2,3,... for ounces, and
   10,100,120,200,... for cc.

4. Most things in the hospital are measured by cc.

5. It's very important to know how to measure.
#
6. Sometimes you'll see ml - milliliter.
   1 ml is the same as 1 cc.
   Milliliter is a measure of volume.

Part 2 Changing Ounces to CC and Ml

7. A lot of times in the hospital, you have to change ounces into cc's and cc's back to ounces.
   Remember: 30 cc = 1 ounce
   You might see: 30 ml = 1 ounce

Part 3 Intake and Output

8. One of the most important places for measuring:
   Intake and Output - I&O

9. I&O are always liquid.

10. Patients with surgery or IV usually have I&O.
    It has to be measured very carefully.

11. I&O is usually measured in cc.
#
12. If a patient has 4 ounces juice = 120 cc
                     5 ounces soup = 150
                     6 ounces coffee = 180
    what's his total intake ? 450 cc.

13. Always check and find out how many ounces your hospital has in its cups, bowls, etc.
#
14. Write the amount of liquid in a urinal in the Output column.
#
15. You have to know 3 things: how much a container holds, how much was in there & how much patient drank.
#
16. If patient's intake is 1500 and output is 700, something is wrong. Intake and output should be about the same.

17. In an average 8-hour shift: about 1500 cc intake and output.
    If not, tell team leader.

Part 4 IV Bottles

18. IV bottle usually: 1000 cc. 1000 cc about = 1 quart
    Some IV bottles: 500 cc = 1 pint
#

19. IV running too fast - too much solution going into body - can cause cardiac overload.

20. Tell team leader. Don't ever touch regulator!

21. Not enough IV solution can be very bad. Tell T L.

Part 5 Drams and Ounces

22. Two symbols: ʒ dram ℥ ounce

23. They may have Roman numerals after them: ʒ iv

24. On medicine bottles - tells how much medicine in the bottle.

Part 6 Review

25. A patient has 6 ounces coffee, 2 ounces soup, and 6 ounces jello, and ate only half the jello.
What do you write on I&O sheet? 480 cc Intake

26. A patient uses the urinal. It's filled to halfway between 3 and 4 ounces. How many cc's Output? 105

DISCUSSION

LECTURE 2 QUIZ

1. There are two kinds of measures on the urinal. What are the two kinds of measures?
x a. Ounces and cubic centimeters.
b. Milliliters and ounces.
c. Cubic centimeters and milliliters.

2. What is the abbreviation for cubic centimeter?
a. oz. b. ml. x c. cc.

3. One cubic centimeter equals
x a. 1 ml. b. 1 ounce. c. 30 ounces.

4. A millimeter is used to measure
x a. how long something is.
b. volume.
c. cubic centimeters.

5. A milliliter is used to measure
a. how long something is.
x b. volume.
c. 30 ounces.

6. I&O means
a. Intake and Overload.
b. Inside and Outside.
x c. Intake and Output.

7. Which is not a liquid?
a. Water. b. Juice. x c. Chicken.

8. Which is a liquid?
x a. Tea. b. Meat. c. Cup.

9. Which is not a solid?
   a. Sandwich. x b. Coffee. c. Plate.

10. Which is a solid?
   a. Water. x b. Meatloaf. c. Jello.

11. One liquid that goes out of the body is
   a. coffee. x b. urine. c. IV.

12. "Cardiac" means
   a. too much work.
   b. overload.
   x c. heart.

13. "Dehydration" means
   a. wet. x b. dry. c. too much IV solution.

14. How many cubic centimeters in one ounce?
   x a. 30 cc. b. 1 ounce. c. 30 ml.

15. The symbol for dram is
   x a. ʒ b. ℥ c. ȝ

16. The symbol for ounce is
   a. ʒ x b. ℥ c. oz

17. A person drinks 4 ounces of juice. How many cc's is that?
   a. 4 cc. x b. 120 cc. c. 130 cc.

18. A person drinks 6 ounces of soup. How many ml is that?
   x a. 180 ml. b. 6 ml. c. 6 ounces.

19. A person drinks 4 ounces of soda. What do you record in the Intake column?
   a. 4 ounces. x b. 120 cc. c. Nothing.

20. A person eats 4 ounces of chicken. What do you record in the Intake column?
   a. 4 ounces. b. 120 cc. x c. Nothing.

VERBAL DIRECTIONS: Students close their books and notebooks.

Look at page ___. Look at your chart.

Look at the patient's chart.
Look at the patient's chart and tell me what it says.

Look at the urinal and tell me how much is in it.

LISTENING ASSIGNMENT: For more listening practice, dial the following numbers. You will hear a recording at each of these numbers. You do not have to say anything; just listen. (Teacher: Check these numbers for current accuracy.)

543-3211 Time
847-0234 Honolulu weather
841-5028 Oahu weather
845-3921 Marine forecast: Hawaii waters for boating
847-1952 Surfing forecast, Oahu
847-1968 Pilot Weather Service (for flying an airplane)

(Tr1)

"SHORT-ORDER" MATCHING GAME Students write the appropriate abbreviations in the correct spaces.

	Berry	Perry	Roy	Lorrie	Terry
Dan	qd	STAT	BID	PM	SOS
Dane	AM	s̄(meat)		PC	
Dana			STAT	TID	q^2h
Paul	PC	AC	NPO	STAT	c̄(lotion)
Paula	ad lib	QID	q^4h	HS	

AM	before noon	qd	every day	HS	bedtime
PM	after noon	BID	twice a day	ad lib	as desired
AC	before meals	TID	3 times/day	prn	as necessary
PC	after meals	QID	4 times/day	SOS	if necessary
q^2h	every 2 hrs	s̄	with	NPO	nothing by mouth
q^4h	every 4 hrs	s	without	STAT	emergency
q^8h	every 8 hrs				

1. Paul is going to take Perry for lab work before breakfast.
2. Paula is going to give Roy a heating pad every 4 hours.
3. Dan is going to take Berry to physical therapy every day.
4. Dane is going to take Lorrie to X-ray after she eats.
5. Dana is going to give Terry water every 2 hours.
6. Dana is going to take Lorrie's TPR 3 times a day.
7. Paul is going to take Berry to X-ray after meals.
8. Dan is going to put Roy in the wheelchair twice a day.
9. Dane is serving lunch to Perry. Perry has his lunch without meat.
10. Paula gives Lorrie a bath at bedtime.
11. Paul is giving Terry a bath with lotion.
12. Paula is helping Berry walk whenever he wants to.
13. Dan will give Terry a back rub if necessary.
14. Paul can give his patient Roy nothing to eat or drink.
15. Dana is taking sterile bandages to Roy. It's an emergency.
16. Paul must report to Lorrie's room. It's an emergency.
17. Dane is serving breakfast to Berry. It's 7:00 in the morning.
18. Dan must report to Perry's room right now.
19. Dan is serving supper to Lorrie. It's 6:00 in the evening.
20. Paula is getting Perry up 4 times a day.
21. Dane can give medicine to Terry as necessary.

UNIT VIII

EMERGENCIES IN THE HOSPITAL

LECTURE PREVIEW

This lecture tells you about what to do in case of emergencies in the hospital. It tells how to avoid panic. In general, the lecture tells you the answers to these three questions:
1. To avoid panic in the hospital, what four codes should you know?
2. When you know of an emergency, how should you report it?
3. When you hear an emergency code, what should you do?

The lecture is in four parts. The first part raises some questions about fire that you should think about in order to avoid panic.

Part 2 tells you about fire in the hospital and what you can do about it. Listen for these important points in Part 2.
1. What is the most important thing to know about reporting fires in the hospital, and how do you report a fire?
2. If you find a small/minor fire, what should you do?
3. What are two kinds of fire extinguishers and what kinds of fires are they for?
4. For a fire in a patient's room, what should you do?
5. If a patient's bedding or clothes are on fire, what do you do?
6. If you are off your ward and there's a fire, what do you do?
7. When there's a fire, what about doors, air conditioning and elevators?

Part 3 tells you about what to do in case of a cardiac arrest emergency. Listen for these important points in Part 3.
1. What is cardiac arrest?
2. What is the code for cardiac arrest in most hospitals?
3. If you hear a Code 500, what should you do?
4. If you are with a patient who has cardiac arrest, what should you do?
5. What does Code Alert mean?

Part 4 tells you about bomb threats in the hospital and reminds you about the other emergencies. Listen for these important points.
1. What is a Bomb Threat Alert and what is the code?
2. If there's a BTA, what should you do? What should you NOT do?
3. Besides Code BTA, what three codes should you remember?

VOCABULARY

Part 1
Fire escape
escape plan
fire drill

Part 2
especially
happen
cuts down
intercom
let
page: paging = call; calling
supposing
calmly
do something about it
put out the fire
  put the fire out
  put it out
cloth
exactly
fire extinguisher
steam
hose
silver (color)
chemical
electrical
drop
cigarette
ambulatory
move him
on fire = burning
beat it out
smother it
hit the call button
stay with
somewhere else
steel
smoke
blow through

Part 3
beating (heart)
get out of the way
running
could
congestive heart disease
dead
artificial
heart attack
someone else
Coronary Care Unit
intensive care

Part 4
alert (N)
difficult situation
search
lives or dies
work = operate
heavy
upright
trigger
aim (V)
Don't try...unless...
fireproof
unconscious

VOCABULARY DICTATION

LECTURE SUMMARY Emergencies in the Hospital
(Video Lecture VI)

Part 1 Panic

This lecture is about PANIC--about what to do to avoid panic. It's about what to do in case of emergency in the hospital.

Do you know what a fire extinguisher is? --Where they are in the hospital where you work? What different kinds of fire extinguishers there are, and how they work? Do you know where the fire doors and fire escapes are? Do you know the escape plan for your floor?

This is very important: Do you know what the CODE is and how you should report a fire? Do you know what a fire drill is?

Part 2 Fire

When there's a FIRE, especially in the hospital, usually most people panic. Fires do happen in hospitals. In the United States, there are about ten hospital fires every day. People don't know what to do so they usually panic. Knowing what to do cuts down the panic.

#

Most important is knowing your hospital's code for reporting fires on the intercom--how to let the staff but not the patients know. Never use the word "fire". They use the word CODE. In some hospitals, there's a CODE RED. Some hospitals will page Dr. Smoke; they'll say, "Paging Dr. Smoke."

#

Supposing you open the door to the linen room and there's a fire in the waste basket. What do you do? You close the door, you walk to the nurse's station, and you report calmly "There's a CODE RED in the linen room." Do not say "fire".

#

After that--a fire in the waste basket in the linen room is a minor fire. You should do something about it. You can put it out. Let's say it's a PAPER & CLOTH fire. You should know exactly where every fire extinguisher on your floor is. There are two kinds of fire extinguishers. There's one with WATER or STEAM in it. It's big, tall, with a hose and it's red or silver. Then there's a small one on the wall. It's a CHEMICAL fire extinguisher. For a paper or cloth fire, you can use water to put it out. The chemical fire extinguishers are for putting out electrical fires. You should know where the fire extinguishers are, because a few seconds can make a difference.

#

If a patient drops a cigarette in his waste basket and there's a fire in the waste basket, what is the most important thing you do? Don't put the fire out first. The PATIENT comes first--get him out, take him into the hall. If the patient is not ambulatory, call for help and move him. Then take care of the

fire. Report it and take a fire extinguisher and put it out.

If a patient's bedding or clothes are on fire, you can beat it out with your hands or smother it with a sheet or blanket. Then hit the call button for the nurse and stay with the patient!

#

If you are off your ward and hear a fire report--if there's a fire on your floor but not on your ward, go to your ward and find out if you have to move the patients. If the fire is somewhere else, go to the place where the fire is. Say, "Can I help?" There are things to do. You can help take the patients out.

When there's a fire on a ward, always close the fire doors. Fire doors are big steel doors between the ward and the hall. Close the patients' doors on any wards near the ward with the fire. Turn off the air conditioning so smoke doesn't blow through. Never use the elevator in a fire. There are fire escape stairs. FIND OUT where the FIRE ESCAPES on your floor are and how you should get there. There are ways to carry patients downstairs.

END Part 2?

Part 3 Cardiac Arrest

Fire is not the only thing that causes panic in a hospital. A hospital has to to have a code for card...c arrest. Cardiac arrest is when your heart stops beating. Most hospitals use CODE 500 for cardiac arrest. When you hear a Code 500, whatever you're doing, find out where and get out of the way, because there're going to be a lot of doctors and nurses rushing to the room.

CODE BLUE means that that person could go into cardiac arrest--like someone with congestive heart disease.

If you find a patient dead, hit the call button. Don't leave the patient!

#

Some of you may learn CPR-- cardiopulmonary resuscitation--is an artificial way of bringing back someone who has had a heart attack. Maybe you have learned how to do CPR.

If you are with a patient who has cardiac arrest and someone else is with you, you can go to the nurse's station and report

calmly Code 500, and give the room and the bed. If you are with your patient and the patient in the next bed has Code 500, take your patient out of the room.

When you hear Code 500, just listen to where it is. You mostly hear Code 500 in the Coronary Care Unit (CCU) and in the Intensive Care Unit (ICU).

/END Part 3/

Part 4 Code BTA

We have one more thing. CODE BTA means Bomb Threat Alert. This is never a drill. This means that someone has called the hospital and said there's a bomb in the hospital. This is a very difficult situation. You can't get the patients in a panic--you can't tell the patient, "We're looking for a bomb." Don't ever say "bomb" in a hospital. But you have to search every ward. You should know what to do when you hear "Code BTA. This is not a drill."

#

All right. FIND OUT what your hospital uses for fire, and remember Code 500. Know the code alert for your hospital. With a Code 500, what you do those first few seconds may make the difference whether someone lives or dies.

How do you work a fire extinguisher? It's going to be heavy. You hold it upright and put one hand on the trigger and aim. Don't try to put out a fire unless it's small.

Remember, your hospital is not fireproof, and hospitals have tiny tables and unconscious people.

/END Lecture/

LECTURE OUTLINE

Part 1 Panic

1. The lecture is about how to avoid panic .
2. Important: To know what the code is for fire.

Part 2 Fire

3. Fires do happen in hospitals.
4. Knowing what to do cuts down panic.

#

9-1

3. Most important: Your hospital's code for reporting fires. Let staff know, but not the patients.

5. Some hospitals use Code Red for fire.

7. For a small fire in the linen room: walk to nurse's station, report calmly "There's a code Red in the linen room." Do not say fire.

8. A minor fire--you can do something about it. Perhaps it's a paper & cloth fire.

9. You should know exactly where every fire extinguisher on your floor is.

10. 4 kinds of fire extinguishers:
water or steam - for paper or cloth fires
Chemical - for electrical fires

11. A fire in the patient's room: patient comes first--get him out. Then report the fire and put it out.

12. If patient's bedding or clothes on fire: Beat it out or smother it. Wit small twitch. Stay with patient.

14. If you are off your ward & hear fire report:
If fire is near your ward, go to your ward.
If it's not on your floor, go to where fire is to help.

16. If fire on a ward: close fire doors, close patients' doors, turn off air conditioning.

18. Even there's a fire, never use elevators. Find out where fire exits are and how to get there.

Part 3 Cardiac arrest

1. A hospital has to have a code for cardiac arrest. Most hosp. have use Code 300.

11. When you hear a Code 300, find out where and get out of the way.

12. Code Alert means patient could go into cardiac arrest.

14. You may learn CPR - cardiopulmonary resuscitation.

20. If you are with a patient with cardiac arrest and someone else is with you, go to e.g. & report Code 300, room & bed.

21. When you hear Code 300, find out where. Mostly hear Code 300 in CCU - Coronary Care Unit and ICU - Intensive Care Unit.

Part 4 Code BTA

22. Code BTA means Bomb Threat Alert. - Never a drill. It means someone called and said there's a bomb in the hospital.

23. You should know what to do when you hear Code BTA.

24. All right, Find out what your hospital uses for fire. Remember Code 500. Know the code alert for your hospital.

25. Don't try to put out a fire unless it's small.

26. Your hospital is not fireproof.

[illegible]

QUIZ There may be more than one correct answer for a question.

1. Code for reporting a fire could be
   a. Code RTA.
   b. Code Alert.
   x c. Code Red.
   d. Code 500.
   e. Dr. Smoke.

2. The code for cardiac arrest is usually
   a. Code RTA.
   b. Code Alert.
   c. Code Red.
   x d. Code 500.
   e. Dr. Smoke.

3. When you report a fire, you should report
   x a. at the nurse's station.
   x b. to the staff.
   c. to the patients.
   x d. calmly.
   e. in panic.

4. If a fire is small, you can
   a. report it to the patient.
   x b. report it to the staff.
   c. report a Code 500.
   d. avoid it.
   x e. put it out.

5. You should know where these things are:
   x a. Fire extinguishers.
   x b. Fire escapes.
   x c. Fire doors.

6. If there's a fire in a patient's room, what should you do first?
   a. Report the fire.
   b. Put the fire out.
   x c. Get the patient out of the room.
   d. Find the fire extinguisher.
   e. Tell the patient there's a fire.

7. If a patient's bedding or clothing is on fire, what should you do?
   x a. Smother it.
   x b. Beat it with your hands.
   c. Go to the nurse's station.
   x d. Call the nurse.
   x e. Stay with the patient.

8. If there's a fire,
   a. Turn off the lights.
   x b. Turn off the air conditioning.
   x c. Close the patients' doors.
   x d. Close the fire doors.

9. What is cardiac arrest?
   a. When there's an emergency.
   b. When there's panic.
   c. When your heart beats.
   d. When your heart stops beating.

Quiz continued

10. When you hear a Code 500, what should you do?
   x a. Find out where it is.
   b. Put out the fire.
   c. Find the fire extinguisher.
   x d. Get out of the way.
   e. Find out where the fire is.

11. Code Alert means
   a. there's a bomb in the hospital.
   b. Coronary Care Unit.
   c. a way of bringing back someone with a heart attack.
   d. a patient is in cardiac arrest.
   x e. a patient could go into cardiac arrest.

12. CPR means
   a. there's a bomb in the hospital.
   b. Coronary Care Unit.
   x c. a way of bringing back someone with a heart attack.
   d. a patient is in cardiac arrest.

13. ETA means
   x a. there's a bomb in the hospital.
   b. Coronary Care Unit.
   c. a way of bringing back someone with a heart attack.
   d. a patient is in cardiac arrest.
   e. a patient could go into cardiac arrest.

14. Don't say these words in a hospital:
   a. Dr. Smoke.
   b. Medical.
   x c. Fire.
   x d. Bomb.
   e. Code 500.

15. You should know these things:
   x a. Where the fire extingui shers are.
   x b. Where the fire escapes are.
   x c. What the code for fire is.
   x d. What the code for cardiac arrest is.
   e. What to do in case of emergency in the hospital.

Verbal directions: Students close their books and notebooks.

Vocabulary: push pull

Push the desk over here.

Push the wheelchair down the hall.

Pull the desk over here.

Pull the curtains around the bed.

Push the call button.

Pull the cord.

Pull the handle.

Pull the handle of the alarm.

Pull the handle and ring the alarm.

LISTENING ASSIGNMENT

Call Tel-Med and listen to a tape about health.

Tel-Med in Hawaii is a collection of tape-recorded health messages to help people understand various things about medicine, health and safety. The tapes are 3-7 minutes long. (Tape No. 429 can give you more information about Tel-Med.)

You can call Tel-Med Monday through Friday from 12 noon to 8 p.m.

Here's what you do:

1. Call 521-0711.
2. Tell the operator who answers the number of the tape you want to hear.
3. Listen to the tape.
4. If you don't understand enough the first time you listen, call 521-0711 again and ask for the same tape number.

Here are some of the Tel-Med tapes with their numbers. Select one to listen to and perhaps tell about in class.

91 Electrical Check
106 Painting
121 Chemical Burns
408 Accidents, Safety and Young Children
10 Poisons in Your Home
08 Filter Tips and Dangerous
63 Early Warning Signs of a Heart Attack
52 Heart Failure--What is It?
27 Health and Heart Check-up
31 Cigarette Smoking and Heart Disease
106 How Smoking Affects Your Health
401 Breakfast, Why Is It Important?
409 Snacks--When Hours Count

In the next class period, maybe you can tell the class what you learned from the tape you listened to.

(Tel)

UNIT IX

COLORS IN THE HOSPITAL

LECTURE PREVIEW

This lecture will tell you about two colors in the hospital and why they are important. The lecture is in three parts. Part 1 is about the color red and its importance in the hospital. Listen for these important points in Part 1.

1. What two colors are the most important in the hospital?

2. Where will you find these colors when you will be most concerned?

3. What does red skin usually mean?

4. You should report a fever when it gets how high?

5. When a patient with IV has red swollen skin where the needle goes in, what does it mean? What should you do?

6. If you see red lines moving up the arm, what does it mean? What should you do?

7. Give two reasons why a patient's eyes might be bloodshot.

Part 2 is about bedsores and how they are indicated by the color red. Listen for these important points.

1. What are bedsores? What causes them?

2. What is the first sign (indication) of a bedsore?

3. What are some of the pressure points on the body?

4. What are two things you should do if a patient has a red spot on a pressure point?

5. If your patient gets a bedsore, who does it reflect on?

Part 3 is about the color blue in the hospital. Listen for these important points in Part 3.

1. What is the most important thing about blue?

2. What does cyanosis--blue around the lips--mean?

3. If you see a patient with blue around the lips, what should you do?

Lecture Preview continued

4. What three kinds of patients should you watch especially for cyanosis?

5. If you find a patient blue and unconscious, what should you do?

VOCABULARY

Part 1
should be able
recognize
diagnosis
flushed
overheated
signify
complain
suspect
Don't alarm the patient.
Be matter-of-fact.
bright red
swollen, extended
hard (to touch)
immediately
infiltrate
fatal
lymph nodes
eyeballs
Don't just assume.
setting in (an infection
  setting in)
recent past

Part 2
spots
hurt
rub (V)
massage (V)
break down, the skin breaks down
weight = heaviness
first sign
circulation (in the body)
oxygen
turn the patient
should not happen ever
diabetic
can take months
heal
prone

Part 3
be aware of
cyanotic
lack
pale blue
nails, finger and toe nails
first stage
has trouble breathing
leave your patient =
  go away from...
ring the call bell
if hospital policy allows it
ought
take it from there =
  take over
dark
eyelids
postoperative
failure
respiratory
tissue damage
perfectly normal

VOCABULARY DICTATION

LECTURE SUMMARY Colors in the Hospital (Video Lecture VII)

Part 1 Red

Today I'm going to talk about the colors you'll see in the hospital. The two most important colors are RED and BLUE. You should be able to recognize these colors. You won't be asked to make diagnosis.

#

We're going to talk about RED first. There are a lot of places you'll see red in the hospital, but the place you will be most concerned with is when you see it on a patient. One of the places on a patient you'll see red is his skin. We call it FLUSHED. It means the patient is overheated; it usually signifies that he has a fever. The patient may complain that it's hot in the room. He may feel warm when you touch him. If you suspect that he has a fever, take his temperature. If it's more than 100° (Fahrenheit), report it--don't wait. Go tell the team leader. Don't alarm the patient--be very matter-of-fact, be very calm about it. Go tell your team leader.

That would be one place you'll see red.

#

Another place you'll see red is still on the SKIN.

Maybe you have a patient with IV (intravenous), and the patient tells you, "My arm hurts this morning." Where the IV needle is, it may be red. Or there may be a red line moving up the arm--a bright red. Where the needle is, it'll probably be SWOLLEN--the skin is extended, hard.

If you see a red swollen place, go tell your team leader immediately. It probably means the IV has infiltrated--it's going into the skin instead of the vein.

If you see red lines going up the arm, it probably means INFECTION has started. Infection is one of the No. 1 problems in the hospital. In a sick person, it can be fatal. The red is moving up because there are lymph nodes here (underarm) and here (in the groin--inside the thigh) and the blood is being sent to the lymph nodes.

Any time you see red on the skin, be sure and tell your team leader.

#

Another place you'll see red on a patient is the EYES. The eyeballs are usually white, but sometimes the patient's eyes are BLOODSHOT. Maybe the patient didn't sleep at night. Ask him, "Did you sleep all right last night?" Don't just assume he had a bad night; find out. It might be the first signs of eye infection setting in. The patient may complain his eyes are tired. Find out if they have had eye infection in the recent past, if they have come in contact with someone with an eye infection. That reddening can be the first sign of an eye infection and it could be serious.

/END Part 1/

Part 2 Bedsores

Now we come to the most important place on the patient that you'll see RED on the SKIN. You might see red spots on the shoulder blades, on the elbow, or the hips or back (tailbone) or heels. Maybe it's just a small spot and the patient says it doesn't hurt. Maybe you rub it--massage it a little bit. The next day, it's a little bigger, a little brighter red. If you let it go, you're going to come in and find a BEDSORE.

A bedsore is when the skin breaks down. Bedsores are at the pressure points of the body from the weight of the body lying on them. The first sign of a bedsore is a red spot. It means the circulation is being slowed down in that area. When the oxygen is cut off, the skin dies.

If your patient gets a bedsore, it means you haven't done your job. Don't rub it, don't leave it for later. Tell someone. Turn the patient every two hours. Bedsores should not happen, ever. Old people, diabetic people can get bedsores easily. Bedsores can take months to heal. If your patient gets a bedsore, it's a reflection on you. Bedsores should never happen. Watch the pressure points: shoulder blades, tailbone, hips, elbows and heels. These are prone to break down and get bedsores.

/END Part 2/

Part 3 Blue

Now, another important color that you should be aware of in the hospital is BLUE. When we talk about this color in the hospital, especially having to do with patients, we say CYANOSIS, or the person is cyanotic. If your patient starts to turn blue, get help. It means lack of oxygen, AIR. If your patient doesn't get oxygen, he's going to die.

If you notice on your patient that right around the lips it's very pale blue, also under the nails, this is the first stage of cyanosis. The patient probably also has trouble breathing. Get help. Don't leave your patient, ring the call bell. Push it in and out so it will go on and off at the nurse's station and they'll know it's an emergency. If your patient gets cyanotic and there's oxygen in the room, and if hospital policy allows it, start the oxygen. Don't panic, don't let the patient panic. Just say, "I think the nurse ought to look at you." The nurse will take it from there.

People with dark skin, check under the eyelids, in the mouth, or the bottom of the toes.

You have to watch especially in patients who are postoperative, with congestive heart failure, with respiratory problems. When cyanosis has set in, it means there's tissue damage already. If you find a patient blue and unconscious, get help right away and, if you know how, start CPR.

Blue veins are perfectly normal.

/END Lecture/

LECTURE OUTLINE

Part 1 Red

1. Today: colors in the hospital.
   2 most important: red blue
#
2. Talk about first: red
3. Place you'll be most concerned with: on patient
4. Red skin--we call it flushed. Means patient is overheated --usually means fever.
5. If you suspect patient has fever, take his temp. If more than 100°, report it. Don't alarm the patient.
#

6. Another place to see red--still on the skin. A patient with IV : where needle goes in it may be red. Or there may be red line going up his arm. Where needle is, might be swollen.

7. If you see a red swollen place, tell T L immediately. Probably means IV has infiltrated the skin.

8. If you see red lines going up the arm, it means infection. It can be fatal in a sick person. Red lines go up because blood is being sent to lymph nodes. Tell T L.

9. Another place to see red: eyes --when the eyes are bloodshot.

10. Maybe patient didn't sleep at night. But don't assume this: find out. Maybe getting eye infection.

Part 2 Bedsores

11. Most important reason for red skin: when you see red spots. If you let it go, you'll find a bedsore --where skin breaks down.

12. Bedsores are at the pressure points of the body, from the weight of the body on them. Means circulation slowed down, oxygen cut off.

13. If your patient gets a bedsore, it means you haven't done your job. Don't leave it for later. Tell someone. Bedsores should not happen.

14. Some pressure points: shoulder blades, tailbone, hips, elbows, heels.

Part 3 Blue

15. Most important thing to know about blue: cyanosis. Means lack of oxygen. Without oxygen, a patient will die.

16. Blue around the lips and under the nails is the 1st stage of cyanosis; also trouble breathing.

17. Don't leave your patient; ring call bell --push it in & out. Don't let the patient panic.

18. People with dark skin, check: under eyelids, in mouth, under toes.

19. Have to watch especially these patients: postoperative, congestive heart failure, respiratory problems.

20. If you find patient blue and unconscious, get help and start CPR if you know how.

21. Blue veins are normal.

DISCUSSION

QUIZ 1 There may be more than one correct answer.

1. The two most important colors in the hospital are
   a. black.
   b. white.
   x c. red.
   d. green.
   x e. blue.

2. Red skin can be a sign of
   x a. fever.
   b. lack of oxygen.
   x c. infection.
   x d. bedsores.
   e. bright red.

3. If something is wrong with a patient,
   a. turn him over.
   b. it means he has a kidney infection.
   x c. tell your team leader.

4. If your patient has a temperature of over 100°,
   a. turn him over.
   b. take his temperature.
   x c. tell your team leader.

5. If a patient with IV has a red swollen place where the needle is,
   x a. tell your team leader.
   b. turn him over.
   x c. it means the IV has gone into the skin.

6. You should know these things about bedsores:
   x a. They should never happen.
   x b. A red spot is the first sign.
   x c. You should watch the pressure points on the body.
   x d. Tell your team leader immediately.
   x e. Turn the patient every two hours.

7. Blue around the mouth means
   a. fever.
   x b. cyanosis.
   x c. lack of oxygen.
   d. bedsores.

8. If your patient has cyanosis, you should
   a. leave the patient.
   x b. not leave the patient.
   x c. ring the call bell.
   x d. get help.
   e. go to the nurse's station.

QUIZ 2 Review: The Body, Measurement, Colors

1. In the front of the neck is the
   x a. throat. b. ears. c. neck. d. head.

2. From your shoulder to your elbow is your
   a. lower arm.
   b. forearm.
   x c. upper arm.
   d. wrist.
   e. elbow.

3. From your knee to your ankle is your
   x a. calf.
   b. knee.
   c. ankle.
   d. thigh.
   e. hip.

Quiz 2 continued

4. Next to the liver is
   a. the bladder. b. the heart. x c. the stomach.

5. The navel is also called
   a. the nose. c. the baby button.
   b. the nasal cavity. x d. the belly button.

6. Inside an IV bottle there is
   a. blood. x b. liquid. c. veins. d. solid.

7. Two kinds of measures on the urinal are
   x a. ounces & cubic centimeters. c. milliliters & cubic centimeters.
   b. ounces & milliliters.

8. A milliliter is used to measure
   a. ounces. b. how long something is. x c. volume.

9. A millimeter is used to measure
   a. ounces. x b. how long something is. c. volume.

10. One cubic centimeter equals
    a. 1 ounce. b. 30 ounces. x c. 1 ml.

11. How many cubic centimeters are in one ounce?
    x a. 30 cc. b. 1 ounce. c. 30 ml.

12. Which one is red?
    x a. Blood. b. Veins. c. Cyanosis. d. Fingernails

13. What does flushed mean?
    a. Cyanosis. c. Thermometer.
    b. Bedsores. x d. Red in the face.

14. Normal veins are
    a. red. b. white. x c. blue.

15. What are the first signs of bedsores?
    a. Flushed face. x c. Red spots.
    b. Pressure points. d. Blue around the lips.

16. Two liquids that go into the body are
    x a. juice and IV. b. urine and IV. c. juice and urine.

17. Cardiac means
    a. overload. b. too much work. x c. heart.

18. A person drinks 8 ounces of juice. How many cc's is that?
    x a. 240 cc. b. 8 cc. c. 240 ml.

19. A person eats 5 ounces of meatloaf. What do you record on the intake chart?
    a. 150 cc. x b. Nothing. c. 5 ounces.

20. A person drinks 10 ounces of soda. How many milliliters is that?
    a. 10 ml. b. 300 cc. x c. 300 ml.

FIRST AID

LECTURE PREVIEW

This is a short lecture to tell you a little about First Aid --helping a patient outside the hospital. Listen for these points:
1. When you're with a patient, how should you behave?
2. What is the most important word?
3. If you see anything wrong, what should you do?
4. What should you not show?
5. What do you need to know sometimes?
6. How can you tell when a person stops breathing?
7. What kind of area should you work in when you work on a patient?
8. Who do you call if you're interested in First Aid classes?

VOCABULARY

ambulance driver & attendant
discreet
reassurance: reassure
a touch of flies
comfortable
anxiety: anxious
role
sure of yourself
life-saving knowledge
pupil of his eye
dilate
Red Cross
folks = people
since = because
field = area of work/study

VOCABULARY DICTATION

LECTURE SUMMARY First Aid (Video Lecture VT 1, by Mel Inouye)

Before school started, I was an ambulance driver and attendant.

When you're with a patient, watch what you're saying. Maybe the patient can hear. Maybe the patient is unconscious, but the last thing to go in yourself is the nerves. So be very discreet. Reassurance is the most important word. Don't give the patient a touch of flies, just reassure him, make him more comfortable.

If you see anything wrong, be sure and tell the nurse or whoever is in charge.

When you go on a call and you see someone dying, don't show anxiety. People are watching; you might make them anxious, too. Just go on with your work, go on with your role, even when you're not sure of yourself.

#

Do you all know what CPR is? - cardiopulmonary resuscitation? That's an artificial way of bringing back someone who has a heart attack. That's important. Without that life-saving knowledge,

the person can die. You can tell when a person stops breathing because the pupil of his eye dilates.

When you have to go out of the hospital and work on a patient, work in the cleanest area you can find.

If you're interested in First Aid classes, you can call the Red Cross. It's good for you folks to know since you're in the nurse's aide field.

OUTLINE

Listen to the lecture and write an outline of the lecture.

DISCUSSION

LISTENING ASSIGNMENT

Call Tel-Med, 521-0711, and listen to one of the tapes listed below. (You can read again about calling Tel-Med in Unit VIII.) Remember to ask for the tape by number.

107 First Aid for a Person Suspected of Having a Heart Attack
28 How to Decrease Risk of Heart Attack
103 Mouth-to-Mouth Resuscitation (adults)
102 Mouth-to-Mouth Resuscitation (small children and babies)
59 Blood Transfusion--What is a Blood Bank?
168 How to Take Temperature, Pulse, and Respiration Rate
451 Hearing Loss from Noise
231 Hearing Loss in Children
471 Children's Vision

Try to make an outline of the tape you listen to and report to the class.

Make notes while another student reports on a tape.

(Tr1)

SERVING YOU RIGHT" MATCHING GAME

Patients: Nurses:	B	D	P	T	V
B		brkfst	lunch	sup	knife
D	tray		sup		fork
P	lunch		spoon	tray	bath b.
T		bedpan		lunch	
V	emes.b.		bedpan		

Vocabulary: breakfast, lunch, supper, tray, fork, knife, spoon, bedpan, emesis basin, bath basin

1. Nurse B is serving breakfast to patient D.
2. Nurse P is taking a tray to patient T.
3. Nurse B is taking a fork to patient V.
4. Nurse T is serving lunch to patient T.
5. Nurse V is taking a bedpan to patient P.
6. Nurse P is serving lunch to patient P.
7. Nurse V is taking an emesis basin to patient B.
8. Nurse D is taking a tray to patient B.
9. Nurse B is serving patient P his supper.
10. Nurse P is taking patient V a bath basin.
11. Nurse P is serving lunch to patient B.
12. Nurse B is serving supper to patient T.
13. Nurse T is taking patient D a bedpan.
14. Nurse P is taking patient P a spoon.
15. Nurse B is taking a knife to patient V.

Draw the game chart on the blackboard and have students take turns filling it in.

UNIT X

SUBJECTIVE SYMPTOMS

LECTURE PREVIEW

The purpose of this lecture is to help you understand the importance of being aware of subjective symptoms in patients, of being aware of indications that something is wrong. After listening to the lecture, you should know the answers to these four basic questions:

1. What are the five important subjective symptoms discussed in the lecture?
2. How can you know that something is wrong? (Answer for each symptom.)
3. What should you do in the case of each symptom?
4. How can a nursing aide, in particular, help a patient who is anxious?

The lecture is in six parts. Listen for the important points in each part.

Part 1 Introduction
1. What are objective symptoms?
2. What are subjective symptoms?

Part 2 Pain
1. When your patient has pain, what should you do about it?
2. What three things should you find out about the pain?
3. What are four kinds of pain?
4. What is radiating pain? Where is it usually found?
5. How can you find out about pain in patients who do not complain?

Part 3 Temperature
1. What might be the trouble with a patient who is too cold?
2. What might be the trouble with a patient who is too warm?
3. What does hypothermia mean?
4. What does hyperthermia mean?
5. What are some causes of hypothermia and hyperthermia?
6. What should you do about a patient who is too cold or too hot?

Part 4 Eating Problems
1. What are some of the causes of eating problems?
2. What can you do about an eating problem?
3. How important is an eating problem?

Part 5 Sleeping Problems
1. What are three causes of sleeping problems?
2. What might be the cause of insomnia in a patient?
3. How important is a sleeping problem?

Lecture Preview continued

Part 4 Anxiety
1. What does being anxious mean?
2. In what kind of patients is it important to watch for symptoms of anxiety?
3. What can you do to help a patient who is anxious?
4. Why is a patient's state of mind important?

VOCABULARY

Part 1
observe
as important if not more important than

Part 2
extremely important
cramp
muscle
tighten up
sore
sharp
poke, stab
ache
on and on
sort of dull
specific
Be as specific as possible.
site of incision
sudden
appendicitis
waves
twist
bite
draw up

Part 3
dropping - going down
result
disease condition
be raised
drugs

Part 4
western European
haole (Hawaiian word) = Caucasian (white person)
religious
ethnic
vegetarian = no meat in diet

Part 5
noise
doors banging
worry
dangerous
rest

Part 6
nervous and upset
feel they can talk
professional level
having a breast removed
influence
how soon
recovery

VOCABULARY DISCUSSION

LECTURE SUMMARY Subjective Symptoms (Video Lecture IX)

Part 1 Introduction

The last lecture we talked about things you could see on a patient. These are called OBJECTIVE SYMPTOMS--things you can observe. They're very important.

Today we're going to talk about SUBJECTIVE symptoms. These are as important if not more important than objective symptoms. These are the things the patient will tell you about.

Does everybody understand? Objective symptoms are symptoms you can observe; subjective symptoms are things the patient will tell you about.

/END Part 1/

Part 2 Pain

The most important subjective symptom is PAIN. You should really listen and find out about it, and it's extremely important to tell your team leader.

You have to find out WHAT kind of pain. Some of the kinds of pain are

CRAMP	The muscle tightens up.
SORE	Usually a muscle hurts.
SHARP	like a poke or stab
ACHE	the kind that goes on and on, sort of dull

#

Another thing you have to find out about pain is WHERE. Have the patient point to where the pain is. Be as specfic as possible. The nurse wants to know exactly where the pain is. For example, say, "at the site of incision" or "the right forearm". BE SPECIFIC.

#

Another thing you have to find out about pain is HOW LONG. This is very important, too. If your patient has a sudden pain, tell your team leader.

#

A specific kind of pain is RADIATING pain. It starts in one place and moves out. Like appendicitis--a sharp pain which starts on the right side and moves across your stomach in little waves.

X

If your patient has this kind of pain, tell your team leader immediately. You usually find radiating pain in intestinal trouble.

#

Pain is the one way the human body tells you something is wrong. Some people complain about everything. Some people never complain. Watch for symptoms of pain in people who won't tell you. People who are in pain may twist their faces or bite their lips. They may make fists or draw up their bodies.

/END Part 2/

Part 3 Temperature

Another subjective symptom has to do with TEMPERATURE. If your patient is COLD on a warm day, find out HOW LONG and about that patient's CIRCULATION--is he ALWAYS COLD? Don't get another blanket. Tell your team leader--the patient may have HYPOTHERMIA. Hypothermia means the body temperature is dropping. Hypothermia could be the result of a disease condition, an operation, or medication. If you give a blanket to a person with hypothermia, the person will get colder.

If your patient is HOT on a cold day, he could have HYPERTHERMIA. Hyperthermia means the body temperature is being raised. It is usually the result of fever, operation, disease, or drugs. Don't turn up the air conditioner or get an icebag. Tell your team leader.

Again, these are things that only the patient can tell you if he's too hot or too cold.

/END Part 3/

Part 4 Eating Problems

Another subjective symptom is EATING problems. "Hospitals usually have American Western European haole-type food." If you notice a patient is not eating, find out what's wrong. Some causes of eating problems are

RELIGIOUS	won't eat some foods
ETHNIC	used to different foods
VEGETARIAN	won't eat meat

X

Try and find out if there's something about the food; maybe no one ever asked the patient. If you can find out, tell your team leader.

You have to eat, especially when you're sick. An eating problem is a subjective symptom that often comes up in the hospital.

/END Part 4/

Part 5 Sleeping Problems

Another subjective symptom is SLEEP problems. Some causes are

AWAKE ALL NIGHT because sleep all day

NOISE very common in hospitals--doors banging, machinery, etc.

INSOMNIA - when a person can't sleep

Insomnia can be caused by worry or by a disease condition. If you find your patient has insomnia, tell your team leader. Insomnia can be dangerous--it doesn't give your body a chance to rest.

/END Part 5/

Part 6 Anxiety

These are the kinds of things you can't measure with a thermometer. Only the patient can tell you about them.

ANXIOUS is a very important symptom. It means the patient is nervous and upset about something that's going to happen. It's a very important thing to watch for, especially on surgical floors in patients who are going to have an OPERATION.

It's very hard to talk about, but patients need to talk. Patients often feel they can talk to you because they see you more than anyone else and you're not on the professional level. They just want to talk. Patients with heart attack or a patient having a breast removed will worry about the future. They want to tell you how anxious they are. If a patient is very anxious, tell the team leader.

#

This is a very very important subjective symptom. The patient's state of mind can influence how soon they get well and what kind of recovery they make.

/END Lecture/

X

LECTURE OUTLINE

Part 1 Introduction

1. Last time we talked about things you can see on a patient. These are objective symptoms--things you can observe.
2. Today: subjective symptoms are as important as objective symptoms. These are things the patient will tell you about.

Part 2 Pain

3. Most important subjective symptom: pain
4. You should find out about it and tell T L.
5. Have to find out what kind of pain. Some kinds are:
   cramp muscle tightens
   sore muscle hurts
   sharp like poke or stab
   ache goes on & on, dull

#

6. You have to find out where. BE SPECIFIC.

#

7. You have to find out how long. If a sudden pain, tell T L.

#

8. A specific kind of pain: radiating -- starts in one place and moves out. For example, appendicitis-- a sharp pain which moves across your stomach.
9. If your patient has a radiating pain, tell TL immediately. Usually in intestinal trouble.

#

10. Pain -- the way the body tells you something is wrong.
11. Some people never complain-- you have to watch for symptoms of pain. You can watch
    face -- may twist
    hands -- make fists
    body -- may draw up

Part 3 Temperature

12. Another subjective symptom has to do with temp.
13. If patient is cold in warm room, find out how long, about patient's circulation. Might have hypothermia -- body temperature dropping. Tell TL.
14. Hypothermia could be result of disease, operation, medication.
15. If patient is hot on cold day, might be hyperthermia -- body temperature raised. Tell TL.
16. Only patient can tell you if too hot or too cold.

Part 4 Eating Problems

17. Another subjective symptom: eating problems
    Find out what's wrong-- might be:
    religious -- won't eat some foods
    ethnic -- used to different foods
    vegetarian -- won't eat meat
    Try to find out if there's something about the food, & tell TL.

18. You have to _eat_, especially when you're _sick_.

Part 5 Sleeping Problems

19. Another subjective symptom: _sleep_ problems. Some causes:
awake all night because sleep all day
noise -- very common in hospitals
insomnia = can't sleep

20. Insomnia can be caused by _worry_ or _disease_ condition.
Can be dangerous--doesn't give body chance to _rest_.
Tell _TL_.

Part 6 Anxiety

21. Another symptom, very important: _anxious/anxiety_ It means the patient is nervous and _upset_.

22. This symptom is important to _watch_ for, especially in patients going to have _operation_.

23. Patients need to _talk_, often they feel they can talk to _NA_. They want to _tell_ you how _anxious_ they are.

24. If patient is very anxious, _tell TL_.

25. The patient's state of _mind_ can influence how _soon_ they get _well_.

DISCUSSION

QUIZ There may be more than one correct answer for each question.

1. What is an example of a symptom?
x a. Not eating. b. A disease. x c. A flushed face.

2. What is an example of a subjective symptom?
a. Fever. d. Low pulse.
x b. Pain. e. Red spots.
x c. Anxiety.

3. What is an example of an objective symptom?
x a. Fever. x d. Low pulse.
b. Pain. x e. Red spots.
c. Anxiety.

4. Examples of kinds of pain mentioned in the lecture are
a. hypothermia. x c. cramp.
b. muscle. x d. ache.

5. Where do people have cramps?
a. In the brain.
x b. In the muscles.
c. In the teeth.

Quiz continued

6. What does a sharp pain feel like?
   x a. Like someone is stabbing you.
   x b. Like someone is poking you.
     c. Like someone is touching you.

7. A patient says, "I'm having pain." What should you find out?
   x a. Where is the pain?
   x b. What kind of pain is it?
   x c. How long have you had the pain?

8. What does this mean? "How long have you had the pain?"
     a. Where is the pain?
     b. How many inches long is the pain?
   x c. How much time is it since you got the pain?

9. A pain that starts in one place and moves out is called
     a. an ache. x d. radiating pain.
     b. a cramp. e. sore.
     c. appendicitis.

10. An eating problem can be caused by (according to lecture)
     a. insomnia.
     b. the patient sleeping all day.
   x c. the patient not being used to the food.
   x d. the patient not wanting meat.
     e. the patient being worried.

11. A sleeping problem can be caused by
   x a. insomnia.
   x b. the patient sleeping all day.
     c. the patient not being used to the food.
     d. the patient not wanting meat.
   x e. the patient being worried.

12. Hypothermia is when
   x a. the patient is too cold.
     b. the patient is too warm.
   x c. the body temperature goes down.

13. Hyperthermia is when
     a. the patient is too cold.
   x b. the patient is too warm.
     c. the body temperature goes down.

14. Radiating pain is usually found in
   x a. intestinal trouble. x c. appendicitis.
     b. the hospital.

15. A subjective symptom cannot be
   x a. measured. x b. seen. c. talked about.

16. An objective symptom can be
   x a. measured. x b. talked about. c. illness.

x

VERBAL DIRECTIONS Students close their books and notebooks.

Vocabulary hand to, get ready

A, hand the towel to me.
Hand me the towel.

B, hand this towel to C.
Hand C the towel.

Hand me the towel when I tell you.
(Be busy doing something. Then:)
OK. Hand it to me. (holding out hand for the towel)

Get ready to hand me the towel.

Get ready to hand me the towel when I tell you.

Get ready to go.

Get ready to give the patient a bath.

Get ready to take a test/quiz.
(Close your books, get out a sheet of paper,
take a pencil. Are you ready?)

LISTENING ASSIGNMENT

Call Tel-Med, 521-0711, and listen to one or more of the tapes listed below. Remember to ask for the tapes by number.

37 Backaches
47 Leg Cramps, Aches & Pains
201 Neck Pains
35 Understanding Headaches
65 Chest Pains--Not Necessarily a Heart Attack
518 Itching Skin
581 Chronic Cough
183 Cancer's 7 Warning Signals
33 Tension: Helpful or Harmful?
175 Fears of the After-40 Man
81 Tics: a Child's Outlet for Anxiety
42 I'm Just Tired, Doctor
122 Sleep is Kind
403 The Young Child's Eating & Meals: Pleasure or Problem?
604 A Guide to Good Eating

If you want to know about more tapes to listen to on health (such as, more about children, birth control and pregnancy, care of teeth, alcohol problems, some diseases), ask the Tel-Med operator to send you a list of their tapes.

(Tr1)

X

"TIME OUT" MATCHING GAME

	3 am	3 pm	6 am	6 pm	7 am	7 pm	12 noon	12 md.
Vern		home	work		brkf.		lunch	sleep
Fern	sleep	snack	wake	sup		med.	water	
Paul		X-ray			temp.	home	lunch	sleep
Paula	med.		wake	sup	home			break

Vocabulary

breakfast
lunch
supper
snack
water
temperature
medicine
X-ray
wake up
sleep
break
work
home

1. It's 7 o'clock. Vern is serving breakfast to the patients.
2. It's 6 in the morning. Paula is waking up the patients.
3. It's 7 in the morning. Paul is taking temperatures.
4. Fern is waking up. It's 6 in the morning.
5. It's time for lunch. Paul and Vern are serving lunch to the patients.
6. It's 12 o'clock at night. Paula is taking a break.
7. It's noon. Fern is pouring water for the patients.
8. Now Fern is serving an afternoon snack.
9. Paul is at home in the evenings.
10. Paul is taking a patient to X-ray. It is afternoon.
11. Now it's supper time. Fern is serving supper to the patients.
12. Paula is eating supper.
13. It's 3 o'clock in the afternoon. Vern is going home.
14. It's after supper. Fern is taking the evening medicine to the patients.
15. At 12 o'clock at night, Vern's patient's are sleeping.
16. At 3 in the morning, Fern's patients are sleeping.
17. Paula's patient must take medicine at 3 in the morning.
18. Vern goes to work at 6 in the morning.
19. Paula goes home at 7 in the morning.
20. It's the middle of the night. Paul's asleep.

UNIT XI

A LECTURE ON FACING DEATH

LECTURE PREVIEW

People in the medical field frequently come in contact with death. As a nursing aide, you may have a patient who is going to die. This lecture is to help you understand what the patient is going through and how you can deal with it.

Listen for these main points:

1. What are the five stages of reaction to death?
2. What does shock and denial mean?
3. What is the most difficult phase for you to deal with?
4. Why does a dying patient get angry?
5. What do patients in the bargaining stage do?
6. What are the characteristics of the grief stage?
7. What does acceptance mean? How should you treat a patient in the acceptance stage?
8. What is the most important thing for you to do for a patient in any of these stages?
9. Why do hospital personnel avoid dying patients?
10. Where do most people in America die?
11. What is important to remember? What is the dying person entitled to?
12. When you prepare a dead patient for the family to view, what do you do?
13. If you have to take a body to the morgue, what do you do?

VOCABULARY

facing death
awful, evil = bad
sooner or later
psychiatrist
go through

terminal illness
believe
refuse to accept the fact
phase
handle = deal with
try to understand

anger
hate
alive
healthy and strong
yell at

pray
God
afraid
powerful
Don't belittle it.
comfort and hope

life
end (V)
separated from
mourn
turned in on themselves, withdrawn
come out of their shells = open up
time to themselves

really realize

Vocabulary continued

behave normally toward
tend
farthest
mortality
fall
By the way,...
come in this order

##

born
per cent
country
hold it in, bottle it up
feel better
cry
take away from
very messy
entitled to
dignity and respect
prepare
view (V)
unplug
gown
rigor mortis
black and blue mottling
morgue
plastic
shroud
ahead of time
experience

VOCABULARY DICTATION

LECTURE SUMMARY A Lecture on Facing Death (Video Lecture X)

Today the subject of my lecture is DEATH. In America people don't talk much about death. We think of death as something very awful and evil. But people in the medical field sooner or later come in contact with death and have to learn how to deal with it.

Elizabeth Kübler-Ross, a Swiss psychiatrist, has done a lot of work with death and dying. She says that people who know they're going to die go through different stages.

#

One of the stages of dying is the SHOCK & DENIAL stage. This is when the patient first finds out he has a terminal illness. Most people get very upset--they can't believe it. They start going to other doctors because they refuse to accept the fact they're going to die. This is usually not in the hospital; you usually won't see the patient in the hospital during this phase. About the only way to handle this person is to try to understand.

#

Then there is the ANGER phase. This is probably the most difficult patient to deal with. This person is going to hate you because you're alive, young, healthy and strong. You may be the person he can yell at right now.

Patients are angry that they are going to die. The anger is not with you. The patient is angry with what's happening to him.

#

Then there's the BARGAINING stage. This is when they start praying and bargaining with God--"Give me another year, another day." When you're afraid, you try to make a deal with something more powerful than yourself. The bargaining patient may have a lot of religious books. Don't belittle it. Try and understand that this is giving them comfort and hope.

#

GRIEF is the next stage. People who are dying feel grief. Their life is about to end. They're going to be separated from everything and everyone they know. They want to mourn for themselves.

People like this get very turned in on themselves; they are withdrawn. They don't want to talk to you. Don't try to make them talk or come out of their shells. Just take care of them and try to let them know that you understand. They need time to themselves.

#

The last stage is ACCEPTANCE. Most people come to this stage when they really realize they are going to die. Some people never get to this stage.

The patient in the acceptance stage wants things to go on normally. Try and do your job like you would for any other patient.

#

This is difficult--to behave normally toward a patient who is going to die. Hospital personnel tend to avoid these patients. Dr. Kübler-Ross says that very often in hospitals the room of a dying patient is the farthest room from the nurse's station--it takes the longest time to get to that patient. Medical people, when faced with dying patients, are faced with their own mortality, and medical people tend to think that they have failed when someone dies.

By the way, these phases don't always come in this order. They can happen in any order. Not all people who know they're going to die go through every stage.

##

Lecture Summary, p.3

In America people are born in the hospital; they die in the hospital. 85% of the people who die in this country die in a hospital. You are the person who cares for them when they're dying. You'll find that you'll get very upset. Don't hold it in--don't bottle it up. If it makes you feel better, go somewhere and cry, get angry. Whatever you do, don't let it take away from your job.

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You may have to take care of a patient who is dying or dead. Taking care of a dying or dead person can be very messy. One thing you should remember: The dying person is entitled to DIGNITY and RESPECT like any other person.

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You may have to prepare a dead patient for the family to view. You unplug all tubes and remove all equipment. You clean the patient, close their eyes, and close the mouth by the jaw bones. Lift the head a little and put the hands on the chest. Put on a clean gown and a clean bed. Try to make the patient look nice for the family, because they'll remember this last view. Give them only a half hour or so because rigor mortis sets in and the body will get black and blue mottling.

If you have to take the body to the morgue, there'll be a package--what I call the morgue package, usually a plastic package with a shroud and a tag. You should read the instructions ahead of time because it's an upsetting experience to have to do it the first time.

/END lecture/

LECTURE OUTLINE

The students listen again to the lecture and write their own outlines while listening.

DISCUSSION

The students discuss their outlines and the main points of the lecture in class.

VERBAL DIRECTIONS For Writing

Students close their books and notebooks. (These directions are not in the student text.)

The following directions are for the purpose of helping students learn to follow verbal instructions when they are to write things down or fill in forms. The directions given below are suggestions. Give any other directions you think are relevant.

As with other verbal directions, give these directions naturally and at normal speed. Repeat sentences if necessary, giving time between sentences for writing, but do not slow down a sentence for writing time.

Take a sheet of paper.

Turn it vertically, like this. (Demonstrate.)

Write your name in the upper left-hand corner.

Write the date in the upper right-hand corner.

Write your address below your name.

Write your telephone number below that.

Write your age/birth date below the date.

Sign your name in the lower right-hand corner.

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Many variations can be done on this theme. Some of the directions or positions may have to be illustrated graphically. But be sure that afterwards the students can follow the directions without graphic illustration.

Hand out a page with blanks on them like Name_____, Address_____, etc., and give directions such as

Fill {in / out} this form.

Write your name where it says "Name"--your last name first.

Sign your name on the signature line.

Many variations can also be done on this theme, but be sure that instructions are primarily verbal, not written.

LISTENING ASSIGNMENT

Call Tel-Med, 521-0711, and ask for the following tape number.

144 Emotional Experiences of the Dying Person

(Tri)